funeral The law requires that the death certificate be executed within 24 hours after plus by TO HOSPITA R ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. Page as be retained by the hospital or attending physician.

TO FUNERAL RECIOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page tied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. VR A15 (4) 15M 9/60

21711X10

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

							VV	
1. PLACE OF DEATH	1077-117-1	N.T				leceased lived, If i	institution: Resider	nce before admission)
Prince	eorge		MARYLANI	Marylan	id		ce George	е
b. CITY OR TOWN (i	foutside corporete give nearest town)	limits,	c. LENGTH OF STAY IN 1	c. CITY OR TO	WN (If outside corp	porete limits, write	RURAL and give	nearest town)
Cheverly			1 hayr 50	mins. 3405	Tilden	St.	41	
d. NAME OF HOSPIT	AL OR INSTITUTIO	ON (if not in ho	spitel, give street addrass)	d. STREET ADD	RESS			a. IS RESIDENCE ON A FARM?
Prince Ge	orge's G	eneral		Brentwo	and the same of th		1	YES NO
3. NAME OF DECEASED		First	Middle	Lest	4. DATE	Month	Day	Yeer
(Type or print)	Baby	Boy	Austin		DEATH	April	1 21	1961
5. SEX	6. COLOR OR RA	ACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	5	9. AGE (In yeers   lest birthdey)		-
Male	White			April 21.	1961	yrs.	Months Deys	Hours Min.
1De. USUAL OCCUPATE done during most of wo None	ON (Give kind of working life, even if re	work 1Db. 1	None		(County & State, or	r foreign country)		OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME			
	William W	Varren	Austin	N	Ja	ne Lula	Booher	
15. WAS DECEASED EV	ER IN U.S. ARMED	FORCES?   16		INFORMANT		Address		
(Yas, no, or unkown) (I	yesgive werordate.	s of service)		Mother		Same as	above	
18. CAUSE OF D	EATH [Enter only	one cause per	line for (e), (b) and (c).]		1 1	Te-II VA	IN	TERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY	Y:	Stenu	ralace	Tackel	le_	0	NSET AND DEATH
1000	-	-	2 1	2 6 4	Facles	no.		
Conditions, if any	DUE	/	Wellan Stone	mud le	2h Ce	ull.	2	
geve risa to immedi	ete cause	(b)	- allemen	-0/0	11			
(a), steting the u	nderlying	TO	Jonne	sluchel	11			
ceusa last.	SIGNIFICANT	(c)	NTRIBUTING TO DEATH BUT	NOT BELATED TO THE	FEDMINIAL DISEASE	CONDITION GIV	EN IN DART 1/a)	19 WAS ALITOPSY
PART II. OTHER  OF CONTRIBUTING  OF CONTRIBUTING  OF CONTRIBUTING  OF CONTRIBUTING	SIGNIFICANT CO	MDITIONS CO	NIKIBOTING TO DEATH BOT	NOT RELATED TO THIS	IERMINAL DISEASE	CONDITION GIV	EN IN PART I(e)	PERFORMED? YES NO
20e. ACCIDENT W			SCRIBE HOW INJURY OCCU	RED. (Enter natura of inju	ury in Pert I or Part	II of item 18.)		
	MEDICAL EXAMIN	VER)						
20c. TIME OF INJU	RY Month, Day			PLACE OF INJURY (Hom fectory, street, office bld		ty or town)	(County)	(Stata)
Hour a.m.		Whi et wo	le Not While ork et work	lectory, street, office bid	9., 610.)			
-		-	nded the deceased fro	m April 21	1967. to	April 2	1 1967	that (I) (we) las
			21.19.61., and t					
22e. SIGNATURE	7	1	ayear					22b. DATE
1/1	mar .	My	reco i	M.D. ATTENDING		STAFF PHYS.	Apr	. 25,1961
22c. PHYSICIAN'S NAME (Type)	Dr. Wil	lämn R	Greco. M.D.	22d ADDRES	niversity Vattsvil	Le, Mulovar	rd	
23a. BURIAL, CREMATI	ON, 23b. DATE	HEREOF ,	23c. NAME OF CEMETE			CATION (City, toy		(Stata)
Cremation (Specify)	5/12/		Prince Geo.	Gen. Hospita	al Chev	erly, Ma	ryland	
24 FUNERAL DIRECTOR	'S SIGNATURE	M	ADDRESS	250	e. REC'D BY REGIS	STRAR 256. REC		
Harry W. Pe	enn. Jr.	Meri	y/ Co	1 DA	TE MAY 1 5 '6	11 a	Muy S. The	ule.
		7	1-6	1				

Richard Marine Laiffe

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY Page b. COUNTY! Health, files. MARYLAND ctor. b. CITY OR TOWN (if outside corporete firmits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) To /lall Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifal, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 200 retained he State B 2, and 3 to the funera YES NO NAME OF Middla DATE Last 4. Month Day Year DECEASED OF the (Type or print) DEATH 19 6.1 with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 5 m and 2 w last birthdey) WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? rifficate should be executed wirm.

"pending" in pencil in Item 18. Give Pages 1, 2

"xaminer's Office along with form PM3. Page

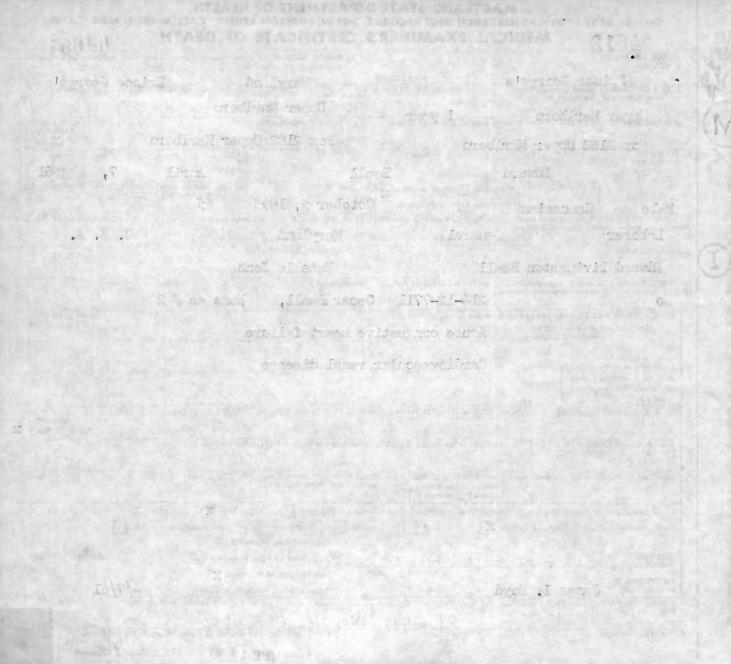
"xaminer's Office along with form pages 1 and done during most of working life, even if retired) pages 1 13. FATHER'S NAME MOTHER'S MAIDEN NAME Office along with form burial-transit permit. File novel, and in any prest This certificate should be executed within 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yas, no. or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which geve rise to immediate cause Examiner's DUE TO (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2 cremat ie certificate, writing the word Medical NO pluods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. burial, Chief age 3 : 20f. (City or town) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, to the Chie 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, straet, office bldg., etc. 0 While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Suicide Homicide Undetermined manner Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S plnous NAME (Typa) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) (Slete) REMOVAL (Spacify) Burial 961 40 % 0 Arling to n. Virginia ۵ VS. A15ME APR 1 9 '61 Orthur S. Kraus 5M 7/59

STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01000

3016			- 14	1)111
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE	CE (Whare daceased lived, If b. COUN		ce before admission)
Prince George's MARYLAND				reale
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN	and P Toutsida corporata limits, write	RURAL and give i	neerest town)
	Upper Ma	arlboro		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give vice eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Box 21.82 Upper Marlboro	Box 2182	Upper Marlbor	0	YES X NO
3. NAME OF First Middle	Lest	4. DATE Month	Dey	Year
(Type or print) Edward Bea	11	DEATH April	7,	1961
5. SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	ctober 5, 189	95 (ast birthday) 65 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stete	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
done during most of working life, even if retired)  Laborer  General	Maryland		U. S.	A
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Edward Livingston Beall	Estelle d	Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
(Yes, no, or unkown) (Ifyasgivawarordalesofservice) 214-12-7711 0	scar Beall,	same as # 2		
18. CAUSE OF DEATH [Enlar only one cause par line for (a), (b), and (c).]				ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Acute congestive	e heart fail	ure	Oit	SEI AND DEATH
442 X DUE TO				
Conditions, if any, which (b) Cardiovascular	renal diseas	e	0.00	
gave rise to Immediate causa (a), stating the underlying DUE TO				
causa last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(e) 1	9. WAS AUTOPSY PERFORMED?
E			Y	ES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH.  2Db. DESCRIBE HOW INJURY OCCURED. (ED. CAUSE OF DEATH.)	inter nature of injury in Per	t I or Pert II of item 18.)		
( at	CE OF INJURY (Homa, farmory, street, office bldg., atc.		(County)	(Steta)
Hour a.m.  p.m.  19  While Not While at work at work				
21. I certify that I took charge of the remains described above, he	ld an Autopsy,	Inspection 🛣, Inquir	y X, and	in my opinion
death resulted from: Natural causes 🛣 , Accident 🔲 , Suici	ide, Homicide	, Undetermined m	anner	
	CHIEF MEDICAL	EXAMINER		
SIGNATURE CONCUENTS	M.D. ASSISTANT MEDI	ICAL EXAMINER	do	ATE SIGNED
EXAMINERS	DEPUTY MEDICAL	EXAMINER T		
NAME (Type) James I. Boyd		elty, town, or county)	4/7/61	
220, BURIAL CREMATION 22b. DATE THEREOF, 22c. NAME OF CEMETERY-OR	-CREMATORY	22d. LOCATION (City, town,	, or country)	(State)
17-10-61 V. 0 1 W. V	ned solved	Balliner	e lliele	
23. FUNERAL DIRECTOR ADDRESS	24a. REC		ISTNAR'S SIGNATU	
	DATE	PR 12'61 C	wilwo S. Kra	u.A



TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page and be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	KILAND
4613 CERTIFICATE OF DEATH	4602
1. PLACE OF DEATH  e. COUNTY  D.	sidence bafora edmission
b. CITY OR TOWN (if outside corporate limits, write RURAL and write BORAL and give peared town)  c. LENGTH OF STAY IN 1b	iva naarey lown)
d. NXME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)  d. STREET ADDRESS  4. T.	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Typa or print) FOR BY	Day Yaer 26 196/
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (Lyvaers lest birthdey)  Months Da	EAR   IF UNDER 24 HRS.
	EN OF WHAT COUNTRY
13. FATHER'S NAME. 14. MOSTER'S MAIDEN NAME	0571
15. WAS DECEASED EVER IN U.S. ALMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yas, no. or unknown) Laftynsoi yn wydor dailas o farwig alli	mont It
18. CAUSE OF DEATH [Enter only of causa per line for (a) (b), and (c).]  Mus fallel Danadio Laure	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hours hypochelic Throughout	ONSET AND DEATH
Conditions, if any, which are rise to immediate ceuse (b) Alleleley Williams	
causa last. (c) Helles allestro Versillas	AND WAS ALITORS
CATIO	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF TANNEY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, factory, street, office bldg., atc.)	y) (Stete)
21. I certify that (I) (this hospital) utended the deceased from	, that (I) ( ) la
228. SGNATURE ATTENDING MED. STAFF	1 x 1 22b PATE
22c. PHYSICIAN'S 22d. ADDRESS	111/01
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 288. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
Well ill Caraldon, Rainel Mr. DATMAY 1 '61 Orthun 8. 7	ratta
	1. PLACE OF DEATH 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 7. COUNTY 8. STATE 8. STATE 8. COUNTY 8. STATE

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7014	CERTIFICAT	E OF DEATH	Company of the Company		1461	13	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Whara dacaesed lived, If In b. COUNT	nstitution: Resider	aruna	elission)	
Prince George	MARYLAND	Maryland Prince Cherry					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outsida corporata limits, writa	RURAL and giva	naarast tow	rn)	
Cheverly	26 days	Deale					
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, giva street eddrass)	d. STREET ADDRESS				A FARM?	
Prince George's General	Hospital		07X-	2	YES [	NO 🗌	
3. NAME OF First DECEASED (Typa or print)	Middle	Last	4. DATE Month OF DEATH	Dey	Year		
Dorothea		rlitz	Apr	1 2	8 19		
5. SEX 6. COLOR OR RACE 7. MARRI	ED K NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yaars last birthday)		IF UNDER		
Female White WIDOW		3-4-07	54 yrs.	Months Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, evan if retirad)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & Stata, or foraign country)	12. CITIZEN C		OUNTRY?	
Housewife		Philadelphia	Ta	USI	7		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
FRANCIS ROPERS FILES  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.  (Yas, no, or unknown)   (Ifyasgiva warordalasof service)	SOCIAL SECURITY NO. 17.		trude Nagel Address				
No.	F.	e Roulitz	Deale, Mo	1.			
1B. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	2 00 11.1-	00.07	IN	TERVAL BET	1 11 00 00 1 1	
DART L DEATH WAS CAUSED BY		. a Trust		OI	NSET AND I	DEATH	
IMMEDIATE CAUSE (a) LLAU	remond.	recum			245		
DUE TO							
Conditions, if any, which (b)							
gava rise to immediata cause							
(a), stelling the underlying							
causa last. (c)					40 11110		
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN TO THE PART III. OTHER SIGNIFICANT COLUMN TO THE PART III.	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE		PERFO	RMED?	
20a, ACCIDENT WAS UNDERLYING   20b. DE	SCRIBE HOW INJURY OCCURED	. (Entar natura of injury in	Part I or Part II of itam 18.)				
OR CONTRIBUTING   CAUSE OF DEATH							
		,					
S 20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Homa, farm ory, straat, office bldg., etc.		(County)		(Stata)	
20c. TIME OF INJURY Month, Day, Year 20d. Whit Hour a.m. 19 at wo		ory, sirasi, office brog., etc.	7				
21. I certify that (I) (this hospital) atter	nded the deceased from	April3	19.67. to April	28 1967	that (I) (	(we) last	
saw the deceased alive onApril	-		*				
228. SIGNATURE	M A Ab	ATTENDING	AED. STAFF		22b	SIGNED	
Donald W/ He	Kebell M		DIRECTOR PHYS.			3101460	
22c. PHYSICIAN'S NAME (Typa)		1746K	STNU	Mas	has	20	
23a. BURDAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county)	1 (5	itate)	
BURIAL MAY 2 1961	Hillcrest	MemoRIAL	DAMAPOL.	is Me	1		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	. Al ald 2Sa. REC	C'D BY REGISTRAR 256. REG				
1 H Hardeslet)	M Galean	elle, Mai DATE M.	AY 2 '61   a	illus S. Hu	NUL		

It's being they be a barread and Inc. 0.30 Philadelphia Pa Yen durie Hopen Leverade Nagel FRANCE ROPERS Ellis Ens Berlitz Dusle Red. BIRIER MRG2 1968 Hilleres Memorine Anneroses Pho The Howardy I'm Coleanile, 1.6 was as

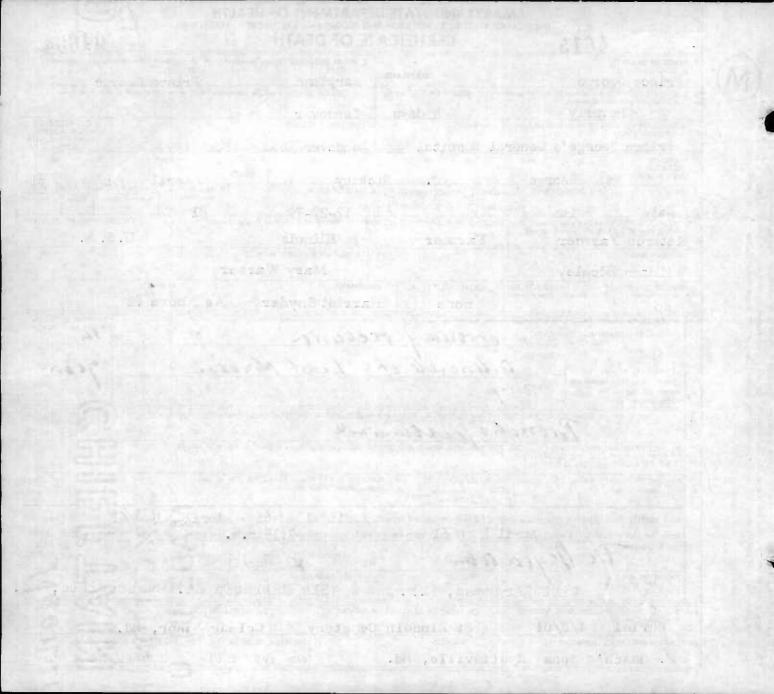
4615

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04604

ARYLAND Prince George b. CITY OR TOWN (If autide carparate limits, write RURAL and give nearest tawn) Cheverly d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Prince George s General Hospital  3. NAME OF DECENSION (If autide carporate limits, write RURAL and give nearest tawn)  Cheverly d. STREET ADDRESS d. STREET ADDRESS OR INSTITUTION Prince George s General Hospital  3. NAME OF DECEASED (Type ar print) George 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH Male White WIDOWED DIVORCED 12-27-79  10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if refired) Retired Farmer  11. BIRTHPLACE (State ar fareign cauntry) WIDOWED FARMER William Bickley  14. MOTHER'S MAIDEN NAME Mary Warner  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Cheverly  d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION  Prince George's General Hospital  3. NAME OF DECEASED (Type ar print)  George  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH  Male  Widower Mark dane and survival and s
d. NAME OF HOSPITAL (If nat in haspital, give street address)  Prince George's General Hospital  3. NAME OF DECEASED (Type ar print)  S. SEX  6. COLOR OR RACE  T. MARRIED NEVER MARRIED SEVENCE OF BIRTH  Male  White  WIDOWED DIVORCED 12-27-79  10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  Retired Farmer  13. FATHER'S NAME  William Bickley  Warner  d. STREET ADDRESS  d. STREET ADDRESS  Landover Road  Box 199  Landover Road  Box 199  First  Manth Day Year  OB BICKLEY  DEATH  P. AGE (In years life UNDER 1 YEAR IF UNDER 24 HR Manths Days Haurs Min.  12-27-79  11. BIRTHPLACE (State or foreign country)  Retired Farmer  12. CITIZEN OF WHAT COUNTR  U.S. A.  14. MOTHER'S MAIDEN NAME  William Bickley  Mary Warner
d. NAME OF HOSPITAL (If nat in haspital, give street address)  Prince George's General Hospital  3. NAME OF DECEASED (Type ar print)  S. SEX  6. COLOR OR RACE  T. MARRIED NEVER MARRIED SEVENCE OF BIRTH  Male  White  WIDOWED DIVORCED 12-27-79  10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  Retired Farmer  13. FATHER'S NAME  William Bickley  Warner  d. STREET ADDRESS  d. STREET ADDRESS  Landover Road  Box 199  Landover Road  Box 199  First  Manth Day Year  OB BICKLEY  DEATH  P. AGE (In years life UNDER 1 YEAR IF UNDER 24 HR Manths Days Haurs Min.  12-27-79  11. BIRTHPLACE (State or foreign country)  Retired Farmer  12. CITIZEN OF WHAT COUNTR  U.S. A.  14. MOTHER'S MAIDEN NAME  William Bickley  Mary Warner
3. NAME OF DECRASED (Type ar print)  S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   9. AGE (In years last birthday)   Name   No. Second of wark dane during most of warking life, even if retired   Retired Farmer   Sample   Samp
3. NAME OF DECEASED (Type or print)  George  O. Bickley  5. SEX  6. COLOR OR RACE  Wildle  NEVER MARRIED  DIVORCED  DIVORCED  12-27-70  10. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Retired  Farmer  13. FATHER'S NAME  William Bickley  Wandle  U.S. A.  14. MOTHER'S MAIDEN NAME  Warner
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years last birthday)   Noneth (In years last birthday)
5. SEX 6. COLOR OR RACE Note of the work done during most of warking life, even if retired) Retired Farmer 10. ISJUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) Retired Farmer 11. FATHER'S NAME William Bickley 12. COLOR OR RACE NEVER MARRIED NEVER MARRIED 12. B. DATE OF BIRTH 12. CITIZEN OF WHAT COUNTR 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR 13. FATHER'S NAME William Bickley  Mary Warner
Male   White   MIDOWED   DIVORCED   12-27-79   81 yrs.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  Retired Farmer  13. FATHER'S NAME  William Bickley  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country)  U.S.A.  14. MOTHER'S MAIDEN NAME  Mary Warner
Retired Farmer   Illinois   U.S.A.  13. FATHER'S NAME   Mary Warner   Ma
13. FATHER'S NAME William Bickley  14. MOTHER'S MAIDEN NAME Mary Warner
William Bickley Mary Warner
,
115 WAS DECEASED EVEN IN U.S. ARMED ECROES? 114 SOCIAL SECURITY NO. 117 INFORMANT. Address
(Yes, no, or unknown)   (If yes, give war or dotes of service)
no none Harriet Snyder As Above #2
18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9) CONTINUARY OCCURSION ONSET AND DEATH
42 DUE TO
Dela in the second of the second
I gave rise to immediate!
cause (a), stating the <u>under:</u>
lying cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
13 Roncho Williame YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIPE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ZOC. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State
Haur a.m. While Nat while factory, street, affice bldg., etc.)
p. m. 19 at wark at wark
21. I certify that (I) (this haspital) attended the deceased fram. April 1 1261 ta April 1 19.61, that (I) (we) la
saw the deceased alive an April 4 19.61, and that death accurred a 9:35% from the causes and an the date stated above
22a. SIGNATURE 22b. DATE
Sign of the fell accen M.D. ATTENDING MED. STAFF SIGNED DIRECTOR PHYS.
22c. PHYSICIAN'S 22d. ADDRESS
NAME (Type) Till Bergeman, M.D. 4314 Gallatin St. Hyattsville, M
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)
Burial 4/8/61 Ft Lincoln Cemetery Colmar Manor, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md. DATE APR 10'61 Orthun & Knus



		MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
	4616	CERTIFICATE OF DEATH	04605
ACE OF DEATH		2 HSHEL RESIDENCE (Where decreed lived	If institution, Residence before admission)

a.	COUNTY			a. STATE Ma		b. COUNTY		Coorda
	Prince G		MARYLAND	Ma	ryland	D. 0001111	Prince	Georges
b.	CITY OR TOWN (if	outsida corporate limits,	c. LENGTH OF STAY IN 1b		VN (If outside corporate	a limits, writa RUI	RAL and giva n	earest town)
	Cheverly	give nearast town)	16 hours		ege Park	Md		
d.	. NAME OF HOSPITA	AL OR INSTITUTION (if r	not in hospital, give street address)	d. STREET ADDR	ESS			IS RESIDENCE     ON A FARM?_
		e Georges G	eneral	50	04 Laguna	Rd		YES NO
	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
	Typa or print)		nos	Blum	OF DEATH	April	4	1961
5. 5	EX	6. COLOR OR RACE 7.	MARRIED KNEVER MARRIED	B. DATE OF BIRTH		1 1 1 1 1 1		IF UNDER 24 HRS.
	Male	White	WIDOWED DIVORCED	7/26/0	9	st birthday) Mo	onths Days	Hours Min.
		ON (Give kind of work king lifa, evan if ratirad)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (	County & Stete, or fora	ign country)		F WHAT COUNTRY?
dom	Chemist	king ma, evan it failrad)	U S Government	Pennsyl	lvania	44.0	US	A
13.	FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME			
	Henr	y Blum		Lillian	Miller			
		R IN U.S. ARMED FORCE		INFORMANT		Address	71-75	
(Yas,	no, or unkown) (If	yes give war or datas of serv	none Rut	h C Blum	College	Park. M	arvlan	d.
	18. CAUSE OF DI		suse per lina for (a), (b), and (c).	,,, , , , , , , , , , , , , , , , , ,	-011080			ERVAL BETWEEN
		WAS CAUSED BY:	0/					SET AND DEATH
		MMEDIATE CAUSE (a)	uremi	<del>r</del>				78 Mis
	4/6X	DUE TO	N + :	1/ 1 -	1 1		,	_
	Conditions, if any,	(-)	Congestion 1	last y	achure	-	3	yes
	gava risa to immadia (a), stating the un	DIJE TO	010	1/		11 -	,	_/
	cause last.	(c)	Kkeumah	a Ker	art 4	man	0. 0	yes.
Z	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE COL	NDITION GIVEN I	N PART 1(a)   15	. WAS AUTOPSY
ATIC		mos	P				Y	PERFORMED?
을 -	20a. ACCIDENT WA	S UNDERLYING   12	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injur	y in Part I or Part II of	item 1B.)		
2	OR CONTRIBUTING	CAUSE OF DEATH						
3	20c. TIME OF INJUR	RY Month, Day, Year		ACE OF INJURY (Homa,		town)	(County)	(Stata)
MEDICAL	Hour a.m.	40	Whila Not Whila take	ctory, streat, offica bldg.	., atc.)			
-	p.m.	19		11 3	10 ( )	// //	10/1.	(0) ( ) ( )
			) attended the deceased from					
-		ed alive on		t death occured a	at3.5.1015 Liftiom th	ne causes and	on the da	
	22a. SIGNATURE	111	1 / n	ATTENDING_	MED.	STAFF	11 11	22b. DATE SIGNED
	N.	Warrel	fen Ind	D. PHYS.		PHYS.	4-4	-6/
	22c. PHYSICIAN'S NAME (Type)	VI D	7	22d. ADDRESS	1011			
	(17pe)	H. David	Kerr, M.D.	9812	49th Ave. (	ottege	Park, M	id.
23a.	BURIAL, CREMATIC	ON, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town o	r county)	(Stata)
Bu	rial (Specify)	April 7,	1961 Calvery Ce	meterv	Pittsh	urg, Pe	nngvlv	ania
24	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		REC'D BY REGISTRA	R 25b. REGIST	RAR'S SIGNAT	URE
	r. Gasch	n's Sons Hy	rattsville, Md.	DATI	APR 6 '61	an	Chur S. th	allé
				PAI				

TO HOSPITAL AS: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{\pi} \frac{\pi}{\pi} \text{ death. Page 4. They be retained by the hospital or attending physician.}

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\begin{array}{c}
\frac{\pi}{\pi} \frac{\pi}{\pi} \text{ of att. PIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral completely filled by

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AND KIND OF THE PROPERTY OF TH ninvi mae launive la v=1.11610 THE COURSE OF THE COLUMN STATE OF THE COLUMN S 122holy all a second and popular A. Dette Mantet Local Many State of the Arthur Park, Mr. Birlal corti ?, 1901 Galvery se oter . Pitts org. Compationen -

TO HOSPITAL ASSET STEENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4, by be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 should be filed by the siste Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF THEATH.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()4606 4617

3		. COUNTY			a. STATE	b. COUNTY		nce belote admission)
		Prince	Georges	MARYLAND	D.			
		b. CITY OR TOWN (i write RURAL end	foutside corporate timits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write R	URAL end give	nearest town)
2			ale (RURAL)	93 days	Was	hington	4	· / X
2		d. NAME OF HOSPIT	AL OR INSTITUTION (if not in ho	ospitel, give street address)	d. STREET ADDRESS	5		a. IS RESIDENCE ON A FARM?
			ale Hospital		624			YES NO
		NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day	Year
		(Type or print)	Frederic	k W.	Bowers	DEATH April	L 30	1961
	S.	SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR	
		Male	White wow	ED DIVORCED	1/10/03	58 yrs.		
	10e	ne during most of wo	ON (Give kind of work   10b.	KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Co.	unty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
		Hotel Cl			Washingt	on. D.C.	U.S.	.A.
	13.	FATHER'S NAME			14. MOTHER'S MAIDE	. ,		
		Clarence	Bowers		Josephine	e Gray		
ノ				. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
	(10	42	(yesgive war or dates of service)	579-03-8941	Decedent			
	-		EATH [Enter only one dust per	ine for (a), (b), and (c).]				ITERVAL BETWEEN
		PART I. DEATI	H WAS CAUSED BY: Ca.	rcinoma of the	rectum with	metastases	1	yr. 7 mo.
		100	DUE TO					3 - 1
		Conditions, if any						
		gave rise to immedi	ate ceuse			ESCUL LINE CONTRACTOR		
		(a), stating the us	nderlying Doc 10					
	z		SIGNIFICANT CONDITIONS CO	NJRIBUTING TO DEATH BUT N	OJ RELATED TO THE WERN	INAL DISEASE CONDITION GIVEN	IN PART 1(e)	19. WAS AUTOPSY
ы	CERTIFICATION	Abdomina.	-perineal resections	ction and apper	nimal inact	inal disease condition given ; severe corona tive; left orchi	dectomy	PERFORMED?
	FIC	205 ACCIDENT W		SCRIBE HOW INJURY OCCURE			TOO TOMO	ILS E NO L
	ERTI	OR CONTRIBUTING	CAUSE OF DEATH	SCRIPE HOW HOOK! GCCOKE	or (Elliot morallo of milary m	, , , , , , , , , , , , , , , , , , , ,		
		20c. TIME OF INJU		. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, fa	rm, ! 20f. (City or town)	(County)	(Stete)
	MEDICAL	Hour a.m.	Whi	leNot While fac	ctory, street, office bldg., a		(County)	(31010)
	M	p.m.	19 et wo			1		
						19.61 to April30		
		saw the deceas	ed alive on March	301961, and tha	t death occured at.	D.M. from the causes a	nd on the d	
9		22e. SIGNATURE	11,0110		ATTENDING_	MED STAFF		1/30 DATE
1			must or m		M.D. PHYS.	DIRECTOR A PHYS.		4/30/01
		22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS			
			Moe Weiss			Dale Hospital,		
1	230	BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county)	(State)
1	0	Durin	may 5 1961	1 CEDAY 1	4.11	I VP bec	Co.	, Ma.
)	24	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS 1	SAA 250. R		STRAR'S SIGNA	
,	1	1. W Che	mbers Con Ina.	made	DATE DATE	MAY 5 '61 a	thun S. Th	rous
	1			11 porture				

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VS A1S (4) 1SM 9/S5

ARYL	AND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	1

4618 CERTIFICATE OF DEATH

Reg. Dist. No. 14617

1. PLACE OF o. COUNT	Y	e Georg	e Cor	antv MARYL		o. STATI	residence (wi		d lived. If institution b. COUNTY	-		dmission)
		outside corporate lin		c. LENGTH OF STAY I	N 1b				prote limits, write R	URAL ond gi	ive nearest	town)
R	ural	Allentown	1	20 yes	ars	R	ural A	llent	own	1.	7	
d. NAME	OF HOSPITAL	(If not in hospital,	give street	oddress)		d. STRE	ET ADDRESS				e. 15	RESIDENCE
66	65 Pa	t's Lan	e, S.	. E.		66	65 Pat	's La	ane, S.	E.		S NO D
3. NAME OF		F	irst	Middle			Lost	4. DATE	Mon	th	Doy	Yeor
(Type or p		Bm	na	Margan	ret	В	randl	DEATH	Trp.		5	1961
S. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	-	DATE OF			9. AGE (In years lost birthdoy)	Months		JNDER 24 HRS.
F		W	WIDOW	ED DIVORCED		Feb.	6, 18	73	88 yrs.			
during m	DCCUPATION lost of working US 8W1	g life, even if retire	done 10b.	At home	INDUST			100	ountry) Austria		Aust	THAT COUNTRY
13. FATHER'S	NAME						ER'S MAIDEN I					
Jo	sef J	ager					Marga	reta	Klieba			
15. WAS DEC		IN U. S. ARMED FO		SOCIAL SECURITY NO.	1	ORMANT			Add	ress		
N		None	,,,,,,,	None	E	rica	Brand	1, 66	665 Pat	s La	ne,	S. E.
	ART I. DEATH	H [Enter only one of the control of	(0)	ne for (o). (b), ond (c).] Cerebral T	hro	nbos	is (Ri	ght I	Hemiple	gia)		days
	tions, if ony	which )	(b)	Arterio-Sc			- Sen	ility	У		10	yrs.
lying c	o), stating th	)	(c)	CONTRIBUTING TO DEA			D TO THE TERM	INIAI DICEAC	E COMBITION OF	(EALIAL DA OT	3	yrs.
			oraci	lc Vertebr	'ae	1955				EN IN PAKI	PI	ERFORMED?
	TRIBUTING [	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER	1	CRIBE HOW INJURY OC	CURRED.	(Enter note	ere of injury in	Port I or Por	rt II of item 18.)			
	OF INJURY or a.m. p.m.	Month, Day, 1	While	rk ot while	focto	ry, street,	RY (Home, form office bldg., etc	-)			ounty)	(Stote)
21. I c		t I attended th 3/3.	e deceas L, 19_				at 9:42	P.M. fran	m the causes of	and an th		
ACTUAL		nne (	Contra	e Todd	М.		519 Br	oadyj	lew Rd.,		E.	4/5/6
PHYSICIA NAME (1		Anna C	yne	Todd, M.I	)•	W	ashingt	on, 2	Z, DeCe			
220. BURIAL, REMOVA Buria	I (Specify)	4/8/1961		22c. NAME OF CEME Washington					TION (City, town, aland Rd. F	,,		(Stote) Md e
23. FUNERAL	DIRECTOR'S	SIGNATURE Co., 517	11t	h St.S.E.Wa				B BY REGIS		STRAR'S SIG		
							PAIL					

	ECATE OF DEATH	TRED CERT	MAN E	
	T = 12.58 (10.50)		1	
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	is a second	Partition 1		
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TO THE RESERVE OF THE PARTY OF				
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namen on the part of the man Million of AND and the second of the the second	Statistical state of the state	of the		
	ARREST TO A CO.			
	off the same of th		indil am	0 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before edmission) a. COUNTY Page Health, a. STATE b. COUNTY MARYLAND Prince George's Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITTON PIN GEO TEST S Limits, Hor. c. LENGTH OF STAY IN 15 write RURAL and giva neerest town) for your jo D.O.A. Clinton Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay to certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral age 5 may be retained if 1 and 2 with the State Bo 72 hours after death. Route # 1. Box 115 Prince George's General Hospital NAME OF 4. DATE Month DECEASED (Type or print) DEATH April Bridgett Webster 6. COLOR OR RACE 7. MARRED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 5. SEX last birthdey) WIDOWED DIVORCED Male 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slele or foreign country) Medical Examiner's Office along with form PM3. Page should be used as a burial-transit permit. File pages I and al, cremation, or removal, and in any event within 72. done during most of working life, even if retired) Building Carpenter Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Bridgett Julia Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Mrs Carz Bridgett, same as # 2 None Yes. Unknown 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause **DUE TO** (a), sleling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Found in automobile in rear of home ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not Whila 0 6:00A 61 at work at work Yard of home Clinton prior 21. I certify that I took charge of the remains described above, held an Autopsystem, Inspection Inquiry -Suicide . Homicide | Undetermined manner death resulted from: Accident Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY April 20, 1961 EXAMINER'S James I. Boyd NAME (Type) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial OH 40 0 April 24. Suitland Maryland â Cedar Hill Cemetery 24a. REC'D BY REGISTRAR | 23. FUNERAL DIRECTOR VS. A15ME Riverdale, Maryland. W. W. CHAMBERS CO.. DAAPR 2 4 '61 5M 7/59 arthur S. Frank

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

. IS RESIDENCE

YES NOW

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

and in my opinion

DATE SIGNED

(Slele)

12. CITIZEN OF WHAT COUNTRY?

Yeer

20.

U. S. A.

(County)

ON A FARM?

Pink Pink M

Andrew Track Commence of the C

Prince Reservois Serveil Cornitel Control Number 1. Box 115

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and the James Iv Mark I would be a second to the second to

Anderson and the second of the second second

TO HOSPITAL AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 as be retained by the hospital or attending physician.

TO FUNERAL VIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and should be filled by the state begins or the please remove carbon papers. Pages and the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and the pages are provided by the state burial transition, or removal, and in any event, within 72 hours after permit. VR A15 (4) 15M 9/60

Street and		4620	CERTIFICA	TE OF DEAT				.594	2
	CE OF DEAT		MARYLAND	2. USUAL RESIDE •. STATE Marylan	ıd	Prince	deor	ge	
	write RURAL e	(if outside corporete limits, and give neerest town)	6 Hr. 13 Mi	c. CITY OR TOWN	(If outside corp		RURAL end g	ive neerest to	own)
) d. k		ITAL OR INSTITUTION (if not in George General		d. STREET ADDRE				10	RESIDENCE NA FARA
DE	ME OF CEASED be or print)	Baby First	Middle	Brown	4. DATE OF DEATH	Month			61
s. sex	ale	Colored	ARRIED NEVER MARRIED X	Apr. 5, ]	961	est birthday) yrs.	Months De		ER 24 HRS
Oe. U	SUAL OCCUPA Juring most of v	ATION (Give kind of work working life, even if retired)	None	Marylar		foreign country)	U.S	A.	COUNTI
3. FATHER'S NAME AARON Eugene Thorne Isabelle Ralph									
	AS DECEASED	EVER IN U.S. ARMED FORCES? (Ifyesgive werordetes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT Mother	S	Address ame		BATE S	
Co ge (e)		diete ceuse		Rem	Men	4		ONSET AND	) DEATH
20c OR (IF			CONTRIBUTING TO DEATH BUT N				/EN IN PART 1(	e) 19. WAS PERI YES [	AUTOP FORMED NO [
	e. TIME OF IN	JURY Month, Dey, Yeer		ACE OF INJURY (Home, ctory, street, office bldg.,		y or town)	(County	<i>(</i> )	(Stete)
sa	I certify	that (I) (this hospital) a ased alive on Apr •	trended the deceased from	Apr • 5	11:30P	Apr.	and on the		(we) ted abo
	c. PHYSICIAN	me Perker	rkins, . M.D.	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR [	STAFF PHYS. 20			SIG
	URIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOC	ATION (City, to	wn or county)		(Stete)

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MARYL	AND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTON	
4621	CERTIFICATE OF DEATH	04609
- C Ad 3		

	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)				
P	rince George MARYLAND	Maryland b. courrince George				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)				
	Cheverly 14 days	Seabrook				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?				
	Prince George General Hospital	9321 Worrel Ave.				
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Pey Yeer				
		rown DEATH April 28 19 61				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Devs Hours Min.				
	emale White WIDOWED DIVORCED	October 15, 1887 73 yrs. Months Deys Hours Min.				
10e do	DSUAL OCCUPATION (Give kind of work na during most of working life, even if refired)  Housewife,  Own home	Y 11. BIRTHPLACE (County & Steta, or foreign country)  Martinsburg, W. Va.  U. S. A.				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	George Sakeman	Lucinda White				
15.	WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	NFORMANT CAMB. Md. Terrace				
110	No, (If yes give wer or detes of service) None Mr	. George E. Brown 451 N. Waverly				
CERTIFICATION		ONSET NO DESTING DESTINGUISMENT OF PART I OF PART II OF PAR				
	DB. ACCIDENT WAS UNDERSTRING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part II of Part II of IIam 16.)				
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.]				
	228. SIGNATURE Property	April 15, 1961, to April 28, 1961, that (I) (we) last death occured 30. PM from the causes and on the date stated above.  D. ATTENDING MED. STAFF PHYS. 4-25 SIGNED PHYS. DIRECTOR PHYS. 4-25 SIGNED PHYS. 4-25 SI				
	BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify)  BURIAL 5/2/61  FUNERAL DIRECTOR'S SIGNATURE  23c. NAME OF CEMETERY DAVIS Memor	ial Cem. Cumberland, Md.				
	H. Wayne George Cumberland, Md.	DATE MAY 2 '61 Orlhun S. There				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page has be retained by the hospital or attending physician.

S > TO FUNERAL (DIRECTOR: After this certificate has been signed by the attending physician and completely fill by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

. ryll Soyro 3540 a of 1684 .BI redoted TE TO A THE TAX OF THE STREET, BETTER HOLD TO BE SEEN THE STREET Train Line to a constitution of the ANNO TELESCOPPED DE LES CONTROLES DE LA CONTROLE. The second secon AND THE REST OF THE PARTY OF TH LLE S//CI CONTRIL CONT in Mayre Searce Chamberland, Md. 25 E. H.

CERTIFICATE OF DEATH Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY be filed HOW ard George MARYLAND Maryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Laurel d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Laurel General Hospital YES NO NAME OF First Middle 4. DATE Last Month Doy Year DECEASED April 19 6] (Type or print) DEATH Forances Brown Scott 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours DIVORCED [ July 16, 1880 WIDOWED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO p permit. ony Conditions, if any, which signed gave rise to immediate DUE TO couse (a), stating the underpuo lying couse last. burial-tronsit peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WASCAUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour factory, street, office bldg., etc.) o. m. Not while of work of work 21. I certify that I attended the deceased from ...that I last saw the deceased alive on\_ and that death accurred at Fr A.M., fram the causes and an the date stated above. OR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL prior 0 3 shoul PHYSICIAN'S NAME (Type) George Street. Laurel. John Warren Prince 22b. DATE THEREO! 220. BURIAL, CREMATION, 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR AL REGISTRAR'S SIGNATURE VS A1S (4) 1SM 9/SS arthur S. Kross DATED 25

deoth.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) PLACE OF DEATH a. COUNTY files. Health, Page e. STATE COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town) write RURAL and give nearest town). d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS a. IS RESIDENCE for Boa any delay ON A FARM? be retained YES NO State death. NAME OF DATE Middla Lasi 4. Month Day Yaar and 3 to the -DECEASED the (Type or pript) DEATH 196 1 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In vears I IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with age 5 may 1 and 2 wil 72 hours a last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 11. AIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working fife, evan if retired) Pages 1 peges 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. Give File form IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with for permit. (Yas, no, or unkown) | (Ifyasgivawarordatesofservice) INTERVAL BETWEEN Office along w 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) pencil DUE TO certificate should .= Conditions, if any, which gava rise to immadiata cause "pending" m DUE TO (e), steting the underlying Examiner' 98 cause last. used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 NO F Medical pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury In Pert I or Pert II of ithm 18. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EXAMINER: writing to Chief / Page 3 s 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County (Stela) factory, street, office bldg., etc.) While Not Whila 0 the P. et work et work please execute fre certificate, v 4 should be forwarded to the D FUNERAL DIRECTOR: P, or its designated agent, prior i 19 certificate, 21. I certify that I took charge of the remains described above, held an Autopsy 1 Inspection 11 and in my opinion ICAL Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, DATE THEREO 22d. LOCATION (City, town, or country) 22b. (Stata) BEMOVAL (Specify) 0 15066/41 P40 9 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR ADDRESS 24b. REGISTRAR'S SIGNATURE VS. AISME 0. 3015-12St  $^{'}61$ worker S. 7 mars 5M 7/59 DATE 1495411970+

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CERTIFICATE OF DEATH 4624 funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY e. STATE the d 2 Prince Georges County MARYLAND Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) deat b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 write RURAL and give neerest town) d. STREET ADDRESS Cheverly days a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Prince Georges General Hospital papers. 3. NAME OF DECEASED DEATH (Type or print) AGE (In years IT ONDER 1 YEAR Elizabeth Buchanan IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months and WIDOWED I Female 12. CITIZEN OF WHAT COUNTRY 10e. USUAL OCCUPATION (Give kind of work physician remove done during most of working life, even if retired) England Own Home Scotland Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME please .5 aftending Roderick McDonald Mary and Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then removal, (Yes, no. or unkown) | (If yes give wer or detes of service) Same as # 2 Mr. John Buchanan none the ng physician. signed by th INTERVAL BETWEEN 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO colono Car. 16 fh ending Conditions, if env. which geve rise to immediate ceuse DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH hed 20e, PLACE OF INJURY (Homa, farm, (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 1960, to 4-30-, 19.6, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Jewie 0 RECTO 4-30-\_\_\_\_\_\_19 41, and that death occurred at BP.M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. HOSPITAL Page 4 FUNERAL page 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CEMANDON 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) Ft. Lincoln Cemetery Colmar Manor, Md. TO 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Orthur S. Finers VR A15 (4) 161 DATE MAY 4 Hvattsville, Md. 15M 9/60 Francis Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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neral director, TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be revained the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use os the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shiftee State Baard of Health prior ta burial, cremating, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OF

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	Orinca George o MARYLAND	Mary land nine diages
	b. CITY OR TOWN (If outside corporate Amits, write RURAL and give nearest town)	c. CITY OR TOWN (Gautside corporate limits, write RURAL and give nearest town)
	Riverdale	70 College Vank
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS
	Eugene he land Memorial Hospital	19207-51 Ave. YES NO
5	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Capr
	(Type or print) Teresa	Candemil DEATH April 8, 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
	temale White WIDOWED DIVORCED	Oct. 14 1908 52 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	Housewife	Spain U.S.A.
N	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Eusebio Perez	Segunda Rodriguez
1	(Yes, no. or unknown) . (If we give war or dates of service)	WFORMANT 9207 Address Avenue
	no no	Frank Candamil College Park, Marylan
	IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).	A Rasa District And Death
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	I A assert, somegrafise and bearing
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-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PART 1(0) 19. WAS AUTOPSY PERFORMED?
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	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURREN	D_(Enter nature of injury in Part I or Part II of item 1B.)
	In Land	ACE OF INJURY (Home, form, 20f. (City or Town) (County) (State)
	Hour o. m.  P. m.  19 While Not while of work of work	ctory, street, office bldg., etc.)
	21. 1 certify that (1) (this haspital) attended the deceased fram	may 196/ta april 196/that (1) (4) last
	11/5	death accurred at P.M., from the causes and an the date stated above.
	220. SIGNATURED	22b. DATE
9	les france	M.D. ATTENDING MED. STAFF PHYS. The Signed Head Start Phys. The Signed Phy
	22c. PHYSICIAN'S / / Z-+/-	22d. ADDRESS A P A D A L
	NAME (Type) W, L, E / I ENNE	Cocage Vays, Mg
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify)	Vational Cem Arlington. Virginia
		250 DEC'D BY DEGISTRAD 255 DEGISTRAP'S SIGNATURE
	The S.H. Hines Co2901 ADDRESS The S.H. Hines Co2901 Mashington 9.0	DATE DATE Critica S. Kraus

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY ocessary, for. Page or files. b. COUNTY Prince George's Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate fimits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 0 for your Upper Marlboro Cheverly Dead on arrival State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE or death. If eny delay end 3 to the funeral d ON A FARM? may be retained 2 with the State E YES NOW Prince George's General Hospital None 4. DATE Month Yeer DECEASED DEATH (Type or print) 25th.. 19 61 Carroll Lewellyn James 19. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. und be executed within 24 hours after dealin pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may surial-fransit permit. File pages 1 and 2 without and in any event. within 72 hours and in any event. fast birthday) January 12. WIDOWED T DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 and done during most of working lite, even if retired? State Roads of Md. USA. Knottingham, Maryland
14. MOTHER'S MAIDEN NAME Farmer -Laborer Ret. 13. FATHER'S NAME Jane Crawford Benjamin Carroll This certificate should be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no. or unkown) | (If yas give wer or datas of service) Yes, Unknown Mrs. Sadie V. Burnett. 1B. CAUSE OF DEATH lEnter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular Renal Disease (b) gave risa to immediate cause "pending" Medical Examiner's 40 DUE TO (a), steting the underlying 35 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 PERFORMED? 2 in certificate, writing the word NO Y should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of Item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ease execute Ma certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x. Inquiry X and in my opinion designated agent, death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER April 25th., 1961 James I. Boyd, M.D. NAME (Tibe) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) BISEMQVALT(Spacify) 4-29-61 Gibbons Church Brandywine, Md. 20 OH 40 ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Rollins 4339 Hunt Pl., N.E., D. CDATE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STREET ... brostrick county . . . Dryl he no feet Buch and Latinach in terms with the son control in Market Colored a rest of the color of the co ... Margar - Little for that. State Inch. of the English and the County west than a Leonard onel If your Design to The Home we Ten, Walnut Mr. Seile T. Margett , . Lesing ton, D. D. Carriemannering Tenal Masage Januar I. Test, T. F. CELEBUL MARK SAR ST. LOWER ... The array was the common that the same and t

CERTIFICATE OF DEATH Reg. Dist. No. il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND AND death. PLO b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) JON IN d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 14 NAME OF 4. DATE First Middle Day Lost Month Year DECEASED (Type or print) DEATH 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRED Months Days WIDOWED X DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. MRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) k, 5 carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) 1 (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address Same as # 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 8- epr DUE TO erebral enteriosclerosus Conditions, if any, which any gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Not while Hour a. m. While 19 at work at work 21. I certify that I attended the deceased from A 1960, to AAC ... 1961 that I last saw the deceased 7.50 M, from the causes and an the date stated abave. alive on\_\_ and that death occurred DATE SIGNED ACTUAL 3 should PHYSICIAN'S NAME (Type) FUNERAL KINA 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 2 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS,	PARTMENT OF HEALTH  5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	4628 CERTIFICATI	E OF DEATH 04616
1.	PLACE OF DEATH  a. COUNTY  Prince Georges  MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)  a. STATE  Maryland  Prince Georges
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d STREET ADDRESS  d STREET ADDRESS  on A FARM?
3.	Prince Georges General Hospital NAME OF DECEASED (Type or print) Hilbourne Walter Ch	hapman   510 65th Avenue   YES   NOXX    Lest   4. DATE   Month   Dev   Year    OF   DEATH   April   26 19 61
5.	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8  Male White WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.  25 Jan 1916  9. AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
	e. USUAL OCCUPATION (Giva kind of work need during most of working life, even if retired)  Statistician  British Embassy	London, England England
13	Theodore Chapman	14. MOTHER'S MAIDEN NAME Agnes Mason
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause lest.  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Collinscelled  Collinscelled	auch of lift throwary 1.2 /hours, I thank I bear the throat the throward the throat throat the throat throat the throat t
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO  D. (Enter nature of injury in Pert I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m. 19   20d. INJURY OCCURRED While Not While fac	ACE OF INJURY (Home, ferm, '20f. (City or town) (County) (Stete) ctory, street, office bldg., etc.)
	saw the deceased alive on Light 1961, and that 22e. SIGNATURE	Beath occured at 2.10 Afrom the causes and on the date stated above.  ATTENDING  MED.  STAFF  SIGNED  HYS.  DIRECTOR  PHYS.  DIRECTOR  PHYS.  W.D.  ATTENDING  MED.  STAFF  SIGNED  4/26/61
	22c. PHYSICIAN'S NAME (Type) Dr. Willaim Brainin, M.D.	22d. ADDRESS 6124 Central Ave. Capitol Hghts, Md
	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Cremation 4/29/1961 Fort Lincoln (	Crematory Colmar Manor, Pr.Geo.Co., Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash. I	DC . 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATEMAY

arthur S. Kraus

AEGO PE or participation of the state o - skingers see 200 months ( e conort de coll les les de le conor aperes pontre le Abstraction to arrive action to antique of Letter of the Comment of the said show willing the me to of the lower and A Company of the contract of t . Dr. office and the contract of the contract The third have to

# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4. funeral directar, old be filed with may be retained by the haspital ar attending physician. TO FUNERAL DESCRIPT. After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registror prior to burial, crematian, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4629

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

			_			
	1	1 /	2 /	1	10	þ
1	н	14	9.1	)	10	4

1. PLACE OF DEATH a. COUNTY Prince Ge	orges	MARYLAND	2. USUAL RE o. STATE	SIDENCE (W Maryl	here deceased	d lived. If institu b. COUNT	tion: Reside Y Prin			
b. CITY OR TOWN (If outside corporo RUBAL ond give negrest town) Hyattbville	e limits, write	c. LENGTH OF STAY IN 16		r town (If		prote limits, write	RURAL ond	give nec	arest town	1)
d. NAME OF HOSPITAL (If not in hosp 05/706 30th Aver	itol, give street	oddress)		ADDRESS 30th	Ave.		1			FARM?
3. NAME OF DECEASED (Type or print) Rufus	First	Middle Samuel	Chri	sty	4. DATE OF DEATH	Apri	nth 1	24	,	Yeor 1961
S. SEX 6. COLOR OR White	ACE 7. MAR	RIED MEVER MARRIED DIVORCED DIVORCED	June &		5	9. AGE (In year) lost birthday) 55 yr	Months	Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if sheet metal work	work done 10b. etired)	Sheet metal		PLACE (Stote orgia		ountry)		TIZEN C		COUNTRY
13. FATHER'S NAME Charleton Christ	<b>y</b>			Slanch		NKNOW			•	
15. WAS DECEASED EVER IN U. S. ARME (Yes. no. or unknown) (If yes, give wor or do	ten of constant	50CIAL SECURITY NO. 17.	Gertrude	Viola	a Chri		630t	200		
Conditions, if ony, which	(b) C(	oronary occlus	sclerosi		NINAL DISEAS	E CONDITION G	IVEN IN PAI		9. WAS	rears
20c. TIME OF INJURY Month, Doy Hour a. m. p. m.  21. I certify that I attended alive on April 24.  ACTUAL SIGNATURE Norman	Year 20d. I While 19 While of wor	sed from June 14, ond that dea	PLACE OF INJURY foctory, street, off  19569 th occurred of	(Home, forrice bldg., etc., to A)	pril 2/A-M, from ADDRESS (S)	n the couses treet, city or town	1,that I and on I		te stote	
220. BURIAL, CREMATION, 226. DATE T	HEREOF	22c. NAME OF CEMETERY FORT LINCO	OR CREMATORY		22d. LOCAL BLAL	TION (City, 19wn	or county)	X	15 (Stat	re)
23. FUNERAL DIRECTOR'S SIGNATURE W. W. Chamber	260.0	Rurdale,	ando	240. REC AP DATE	P BY REGIST	TRAR 246. REC	ISTRAR'S SI	GNATUI	RE	

	UE OF DEATH .	ADISTITUTE OF		
mennes/activities		Janes	Afterdeb shifted	eliada in acum
	3.5.1.4 All 19			
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		1-11-0-0-1	on the second second	LO-MATIC CO.
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	Strategy (see 1900) Process to the strategy			MARCH A
	Tolera Service Commence of the			

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## FOR STATE

HEALTH DEPT.

TO DEPUTY: DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral for Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4630 114619

		112010
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY	
Prince George's MARYLAND		e Congress
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN Works corporate limits, write RURAL a	ug ding wear early on y)
Riverdale	Commbol t	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. srGreenbelt	IS RESIDENCE     ON A FARM?
Leland Memorial Hospital	13 T, Hillside Road	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
(Type or print) Francis Reynolds	Clark DEATH April	22 1961
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years   IF UNDER   last birthdey)   Months	
Male   White   WIDOWED   DIVORCED	Sept. 10,1911 49 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
Cab Driver Hacking	West Virginia	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Grant Clark	Lenore Mac Donald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT Address	
	Mrs Dorothy Clark, same as # 2	
18. CAUSE OF DEATH [Entar only ona causa per lina for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occl	usion	
420.1 DUE TO		
	ar renal disease	
geva rise to Immadiata cause (a), stating the underlying  DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(e) 19. WAS AUTOPSY PERFORMED?
[5]		YES NO XX
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CONTRIBUTING  2Db. DESCRIBE HOW INJURY OCCURED. (E	Entar nature of injury In Part I or Pert II of item 18.)	
	CE OF INJURY (Home, ferm, 20f. (City or town) (Co	unty) (State)
Hour a.m.  While Not Whila tactor at work at work	ory, siteer, office blogs, etc.)	
21. I certify that I took charge of the remains described above, hel	old an Autopsy , Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes . Accident . Suici	ide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE James of Joy	A SSISTANT MEDICAL EXAMINER	DATE SIGNED
	DEPUTY MEDICAL EXAMINER	2 00 10/1
NAME (Type) James I. Boyd, M.D.	Address (Street, city, town, or county)	1 22, 1961
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, Jown, or country	y) (Stete
Burial April 24, 1961 Oaklan	d oakland	ma_
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S	SIGNATURE
F. Gasch's Sons Hyattsville Md.	DATE ADD 2 6 '61 Callun	8 Kraus

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#### MARYLAND STATE DEPARTMENT OF HEALTH

	MARIEAND STATE PERARIMENT OF MEATIN	
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
4631	CERTIFICATE OF DEATH	04619

	Tton	8 F: 1 - 0285 /	126/67 300		0.3019
	E OF DEATH	8 Film G285 4	2. USUAL RESIDEN		titution: Residence before admission)
a. COL	Prince George	S MARYLAND	a. STATE Mary:	Land b. COUNTY	Prince Georges
	OR TOWN (if outside corporete limits, ite RURAL and give neerest town)	c. LENGTH OF STAY IN 16	,	f outside corporete limits, write R	
	Cheverly	12 hrs		hington, 28, D.	
d. NA	ME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
	rinceGeorges General		221	Maryland Ave	• YES NO X
3. NAM		Middle	Last	4. DATE Month OF	Day Yeer
(Type	or print) Charles	H	Clawson	DEATH 17 Ap.	ril 1961 19
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF	
Mal	e White woo	WED DIVORCED 2		1878 82 yrs. "	Aonths Deys Hours Min.
	AL OCCUPATION (Give kind of work ng most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ly & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	d Retired	U.S.Gov't	Indiana Cou	unty, Penna.	USA
	ER'S NAME		14. MOTHER'S MAIDEN	0 2	
Sam	uel Clawson		Sarah Pit	t	
	DECEASED EVER IN U.S. ARMED FORCES? or unkown)   (Ifyes give wer or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
No	None	None Lat	ara Ruth Hoof	Fring, 221 Md. A	Ave. Parkland, Md.
gava	titions, if any, which rise to immediate cause stating the underlying DUE TO  (c)		10	angrenses	
NO P	ART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN	I IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
IT4					YES NO
OR CO	ACCIDENT WAS UNDERLYING  ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Pert II of item 18.)	
WEDICAL 20c.	Hour a.m. W		CE OF INJURY (Home, ferm ory, street, office bldg., etc.		(County) (State)
	certify that (I) (this hospital) att				nd on the date stated above.
220	SIGNATURE  TOTAL A COMPANY  PHYSICIAN'S  NAME (Type)	helf me "	DUIVE -	AED. STAFF PHYS.	22b. DATE 510NED 4/17/6/
	Dr. D. Mitchel	L. M.D.=	Washi	ngton D.C.	
	IAL, CREMATION, 23b. DATE THEREOF VAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town	
Bur	rial 4/19/1961		Lutheran Cer	Spring Churc	ch, Penna.
24 FUNER	RAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	'D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
WU	UCHAMBERS C	0 517 115T, SS	DATE	R 2 4 '61 au	un & Kroup

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## y the funeral ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after and 2 TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 be retained by the hospital or attending physician. TO FUNERAL L'ARCTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages of the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1462)

04620

1		PLACE OF DEATH		CE (Where decessed lived, If institutions Re- b, COUNTY	sidence before edmission)
7		Prince George MARYLAND	Maryland	Prince Ge	eorge
	t	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	V -	If outside corporete limits, write RURAL and	
		heverly	d. STREET ADDRESS		e. IS RESIDENCE
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. SIKEEL ADDRESS		ON A FARM
-	. 1	Prince George General Hospital	102 11th	h St. West	YES NO X
A		NAME OF First Middle DECEASED	Last	4. DATE Month	Dey Yeer
			Coburn	DEATH April	22 19 61
	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	
		iv.	January 24,	1957 4 yrs.	eys Hours Min.
		. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	11. BIRTHPLACE (Cour	nty & State, or foreign country)   12. C1T1Z	EN OF WHAT COUNTRY?
		hone	MD	M	S'A
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
		John R. Coburn	Edna		
/		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. no, or unknown) ((Ifyesgivewarordetasofservice)		Address	0
	110.	, no, or ancount) (117039110 was or design of the or	ohn Cohurn	Bowel, n	100
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)			INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Waterhouse-Freidric	ekson Syndron	me	hours
		0571 DUE TO	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
		Conditions, if eny, which \ (b) Meningococcemia (Ne	eisseria intr	racellularis)	hours
		geve rise to Immediate cause (	OT DOCT TO TIVOT		
		(a), steting the underlying DUE TO			
	-	Cause lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PART	I(a)   19. WAS AUTOPSY
	CATION	PART II. OTHER SIGNIFICANT COMMINORS CONTRIBUTING TO DEATH BUT NO	OF REALES TO THE TERM		PERFORMED?
9		208. ACCIDENT WAS UNDERLYING [   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in	Part I or Pert II of item 18.)	
	MEDICAL		ACE OF INJURY (Home, ferr tory, street, office bldg., etc		ty) (Stete)
		21. I certify that (I) (this hospital) attended the deceased from.	April 22	1967. to Appli 7 22 19.4	(1) (we) last
		saw the deceased alive onApril			
		22a. SIGNATURE		MED. STAFF	22b. DATE SIGNED
		Cylin Gupes		DIRECTOR PHYS.	3131420
		22c. PHYSICIAN'S Dr. John W Perkins, M.D.	22d. ADDRESS	5301 Hamilton St.,	
		NAME (Type) DI ONIII 44 TOURS		Hyattsville, Md.	
Ų.		BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY	OP CHEMATORY	23d. LOCATION (City, town or county)	) (Stata)
	1	BENDVAL (Specify) Feril 24-1960 Fort Linco	ln	Colmar manor	, md
4	24	FUNERAL DIRECTOR'S SIGNATURE	2Se. RE	C'D BY REGISTRAR   25b. REGISTRAR'S S	IGNATURE
1	7	- Grale Sons Hyallsville h	DATEAD	B 2 6 '61 arthur S. 1	Traces
	1/		BA	II To the second	

TO MOUSE MARKET LANG. Carriton E. dammer die 1997 et John T. Coburn and side (Markette fant aftrastel) Kranggoomanie - Fant And there is the west of the last of the l THE PRODUCTION OF THE PARTY OF 10" A S R 10" A S R 10" A S R 10" A S

## FOR STATE HEALTH DEPT.

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TO DEPUTY 14 MICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	4633	MEDIC	CAL EX	AMINER'	S CERTI	FICATE C	F DEATH	1	14621
1. PLACE OF									ence before edmission)
	Prin	ce George		MARYLAND	a. STATE	Maryland	b. COUI	Anne A	Arundel
b. CITY OR write R	TOWN (if outside URAL and give no	e corporeta limits, earest town)	c. LEN	GTH OF STAY IN 15	c. CITY C	OR TOWN (If outside	corporate limits, writ	RURAL end give	e neerest town)
	heverly		D.	O.A.		Annapolis		02	10-0
d. NAME C	F HOSPITAL OR	INSTITUTION (if not	in hospitel, give	e street address)	d. STREET	ADDRESS			e. IS RESIDENCE
Pr	ince Geo:	rge's Gen	eral Ho	spital	139	Archwood	Avenue		YES NO
3. NAME OF DECEASE		First		Middle	Last	4. DA	TE Mont	h De	y Yeer
(Type or pri		nas	Jame	es	Cole		Anril	0	19 67
5. SEX	6. CO	LOR OR RACE 7. A	AARRIED TNE	VER MARRIED	8. DATE OF BIR	тн	9. AGE fin years		
Male	W	nite   w	DOWED	DIVORCED	January		last birthdey) 55 yrs.	Months Deys	
10a. USUAL C done during m	CCUPATION (Gir	ve kind of work e, aven if retired)	10b. KIND OF B	USINESS OR INDUS	TRY 11. BIRTHPI	ACE (State or foreig	n country)	12. CITIZEN	OF WHAT COUNTRY?
	al Forema	an	Baltimo	re Gas a	nd Elec	S MAINTANE	nd	U.	S. A.
13. FATHER'S	NAME				14. MOTHER	'S MAIDEN NAME	0.00		
9	chomas J.	mes Cole	Sr.		हा।	en Joseph	ine Ouinn		
15. WAS DECE	ASED EVER IN U.	S. ARMED FORCEST	16. SOCIAL	SECURITY NO. 17.	INFORMANT	ar oosepii	Addres	s	
No	xowii) (iiyasgive	Wal OI Galas OI sal VIC	a)		famous a b	W Cala			
IB. CAU	SE OF DEATH	Enler only one caus	se per line for (a	), (b), and (c).]	argare.	w. oore,	same as #	- 11	NTERVAL BETWEEN
PAR	T I. DEATH WAS	CAUSED BY: ATE CAUSE (a)	Comma	ry occlus	ion				ONSET AND DEATH
4	20	DUE TO	-0010He	The occurrence	1011	Property of	147 3490		
Conditions	, if any, whic		Comn	ary arter	w diseas	ie.			
	to immediate caus	1-7	00 1011	2001	3 42,5002	,,,			
(a), statin	g the underlyin	9							
		CANT CONDITION	IS CONTRIBUTION	NG TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISE	EASE CONDITION GIV	/FN IN PART 1(a)	19. WAS AUTOPSY
ē l	II. OTTIER DIGITAL	icidii cololiioli	-					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
5 C FYT	CALIFE W	45 1 205	DESCRIPT HOW	INTERNACE INCOME.	(Fatar antique of 3	nium in Dont I as Day	4 11 of 14 4D 1		YES NO TO
PRIMARY	Or CONTRIBU	TING [	DE2CKIRE HOM	INJURY OCCURED.	(Entar neture of I	njury in Part I or Par	THOTITEM ID.)		
CAUSE OF									
0	OF INJURY A	Month, Dey, Yeer	2Dd. INJURY C		LACE OF INJURY actory, street, offic		(City or lown)	(County)	(Stete)
WEL	p.m.	19		work .					
21. I ce	rtify that I to	ok charge of th	e remains de	escribed above,	held an Autop	sy , Inspec	tion 📉 Inqui	ry 🗶 and	d in my opinion
death re	sulted from:	Natural cause	s X. Acc	ident . Su	icide . I	łomicide,	Undetermined n	nanner 🔲	
	0				CHIE	MEDICAL EXAMINE	ER 🔲		
ACTUAL		ma	1 3.	V Lan	ASSIS	STANT MEDICAL EX	AMINER		DATE SIGNED .
	1				DEPU	TY MEDICAL EXAMI	NER X	April 9	, 1961
NAME (		nes I. Box	rd		Addr	ess (Streat, city, tow	n, or county)	1	
22a. BURIAL, C	REMATION 228			AME OF CEMETERY			OCATION (City, town	, or country)	(State)
12 MALL	(Specify) 4	-12-19	61 17	May	un Cen	11/1	musto	rolis	Me.
23. FUNERAL	DIRECTOR U	10	Ap	DRESS L	and A	24a. REC'D BY RE	EGISTRAR   246 REC	GISTRAR'S SIGNA	TURE
goun	m. Ja	ey un son	is who	mapo	lis Md	DATE APR 12	2 '61 0	withun S. the	aus

follows and a tagreed south ALLCONDON'S Vistoria dissert the story on the story of the story 500 The second of the second of 2 ACM | 2 ACM | 2 ACM open Liver and College of the second to the second to the William To solling Daily To each man to minoria English the many of the same of - Robot 600 optime solice parcell the terminate AND STATE THE RESIDENCE AND ASSESSED.

the funeral 24 hours after The law requires that the death certificate be executed within TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 to be retained by the hospital or attending physician.

TO FUNERAL DESECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4634	KIIFICAIE	OF DEATH			()	4629
1. PLACE OF DEATH	11 2	. USUAL RESIDENCE	E (Where decess	ed livad, If Inst	itution: Rasidanc	a before admission)
Prince Georges	MARYLAND	e. STATE	land	b. COUNTY	Prince	Coorgon
b. CITY OR TOWN (if outside corporete limits,   c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (II		limits, write RI		Georges eerest town)
write RURAL and give nearest town) Cheverly	l days	) Mary	Jamel De	anl:		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		d. STREET ADDRESS	land Pa	rk.		. IS RESIDENCE
		1.06	6544 0	d		YES NOX
Prince Georges General Ho	Widdle II	Last 4100	65th S	treet	Dey	Year
DECEASED (Type or print)		0	OF DEATH	4		10 /-
5. SEX   6. COLOR OR RACE   7. MARRIED   NEV	D B I	Comer	19. AC	GE (In yeers   IF	UNDER 1 YEAR I	19 61 IF UNDER 24 HRS.
		00 = 5	les	t birthday) M	onths Deys	Hours Min.
Male   White   WIDOWED    1De. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BU	JSINESS OR INDUSTRY	23 Dec. 1	893   6	7 yrs.	12 CITIZEN OF	WHAT COUNTRY?
dona during most of working life, even if retired)		New J		gii codiiiiy)	USA	
Printing pressman   0 5 40	vernment	. MOTHER'S MAIDEN I			UBA	
13. FATHER'S NAME	1					
Daniel Comer		Elizabet	n A. Kai			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unkown) (Ifyes give war or detes of service) 141 03	TOTAL NO. 17. INI	FORMANT her M Come	n Manul	Address	role Md	
res wwr		ner m come	Pary	anu ra		
18. CAUSE OF DEATH [Enter only one ceuse per line for (e)  PART I, DEATH WAS CAUSED BY:	, (b), end (c).]	RMic Co	ALA (E	EALL	UR E ON	SET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPA	THE SUR	RATIC CE	in la co	- 1-73.	0,000	1 day
565 X DUE TO	E LIVE	0 4-0	ODHY		300	
	E LIVE!	2 = 11 110	- 1	2000		
gave risa to immadiate ceuse (a), steting the underlying DUE TO	ANGITIS	,				
ceuse lest. (c)	104.119					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN	IN PART 1(a)   19	PERFORMED?
T C					Y	ES NO
2De. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HO	W INJURY OCCURED. (8	intar neture of injury in F	ert I or Pert II of i	lem 18.)		
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY O		OF INJURY (Home, ferm		own)	(County)	(Stete)
	While factory	, streat, office bldg., etc.				
21. I certify that (I) (this hospital) attended the	deceased from	3-20	196 / to	7-30	106/1	nat (I) (we) last
saw the deceased alive on 4-29	o 6/		10 A from th	A	d on the da	to stated above
	7 and mai d	eath occured ar	//, 110111 111	9 Causes all	d oil life da	22b. DATE
220. SIGNITURE W. Herzbe	re			HYS.		4-35 SIGNED
22c. PHYSICIAN'S	M.D.		016 Grei		et	7 23 6
NAME (Type) The Minny M. II am I	., M.D.		Pleasent			
	AME OF CEMETERY OR		23d. LOCATIO		or county)	(Stete)
	ington Nat			gton Vi		(7) 700
Dul Lat	DDRESS		'D BY REGISTRAR			URE
F. Gasch's Sons Hyattsvil						
myattsvii	Te, Md.	DAVEAY	3 '61	1 Cirthur	8. Thomas	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()4635 CERTIFICATE OF DEATH ()4623

1. PLACE OF DEATH			2		NCE (Where da	ceesad lived, If		nce before edmission
a. COUNTY Prince Geor	ges	MARYL	AND	a. STATE	Maryland			nce George
b. CITY OR TOWN (if outside corporative RURA) and give neerest tow	nte limits, vn)	c. LENGTH OF STAY	11.0	c. CITY OR TOWN	uvall S		a RURAL and give	naarest town)
d. NAME OF HOSPITAL OR INSTITUT	-	-	is)	Suitl.		Md	11 11/1	e. IS RESIDENCE
Prince Geor	0							YES NO
NAME OF DECEASED (Type or print) Ha	rry	Middla H•	Co	oper	4. DATE OF DEATH	April		19 61
S. SEX 6. COLOR OR Wh <b>9t</b>	e WIDOWED	NEVER MARRIED DIVORCED	□ B. D	3/25/04	9.	AGE (In yaers last 7 rthday) yrs.	Months Days	Hours Min.
loe. USUAL OCCUPATION (Give kind of done during most of working life, even in Brick Contractor	of work   10b. Kill if retirad)	Construct			Carolina			OF WHAT COUNTRY
3. FATHER'S NAME			14	. MOTHER'S MAIDE	N NAME			
William N.	Cooper		P. L	Armintia	Saunder	S		
5 WAS DECEASED EVER IN IL C ARME	D FORCES LIV	SOCIAL SECURITY NO	. 17. INF	ORMANT		Address	5	
(Yas, no, or unkown) (Ifyesgivawarorda	atesofsarvica) 211	+ 12 7871	Bon	nie M. Co	oper 13	Duvall	St, Suit	land Md
ceusa last.	(b) OUE TO (c) CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERA	MINAL DISEASE (	CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNI	EATH	CRIBE HOW INJURY O	CCURED. (E	ntar nature of injury	in Part I or Pert II	of item 1B.)		113 [] 110 []
20c. TIME OF INJURY Month, D Hour a.m. p.m.	ay, Yeer 20d. II While at work	Not Whila		OF INJURY (Homa, fo , street, offica bldg., a		or town)	(County)	(Steta)
21. I certify that (I) (this law the deceased alive on.								
220 SIGNATURE  TOMMY  22c. PHYSICIAN'S	Care	Hon,	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
NAME (Type) Har	ry N. Car	Iton		940 25	th St.,	N. W.	Wash. D	C Apr 4,6
23e. BURIAL, CREMATION, 23b. DAT REMOVAL (Specify) Burial Apr.	6, 1961	23c. NAME OF CEA				itland,	wn or county) Marylan	(Stete)
24 FUNERAL DIRECTOR'S SIGNATURE	0	ADDRESS			APR 6	761 25b. RE	GISTRAR'S SIGN.	1 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 y be retained by the hospital or attending physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please states earbon papers. Page 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. VR A15 (4) 15M 9/60

there exists the state of the s Continue English and Description THE SHALL SHE STATE OF THE SECOND STATES OF THE SECOND SHEET SECOND SHEET and the property of the said and a legal of the said MATERIAL CONTRACT ON THE PARTY OF THE PARTY an lower . selection of limited to the Arthur Arthur Lemmand Beach Holl. Serv. Hope got the the

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) Prince George's or. Page our files. of Health, e. COUNTY or. Page b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town write RURAL end give neerest town) Lanham Lanham Years Board e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS for nould be executed within 24 hours after death. If any delay "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral. Office along with form PM3. Page 5 may be retained fo burial-transit permit. File pages 1 and 2 with the State Bomoval, and in any event within 72 hours efter death. ON A FARM? Lanham Station Road YES NO Lanham Station Road NAME OF Middle DATE Year DECEASED OF DEATH (Type or print) 19 Elizabeth Cunningham Corridon Anril 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX last birthdey) Months Hours WIDOWED | DIVORCED September 22,1879 Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Retired Maryland Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Carey Cunningham Mary Bentley EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3601 Rittenhouse Street (Yes, no, or unkown) | (If yes give we ror detes of service Melov Washington . D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which "pending" gave rise to Immediate cause 10 Examiner's DUE TO (e), stating the underlying 98 0 cause lest pesn cremetion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)| 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 certificate, writing the word Medical should 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While 0 et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [ Inquiry and in my opinion CAL designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ease execute In ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) DATE THEREO NAME OF 22d. LOCATION (City, town, or country) (Stete) 22e. BURIAL, CREMATION, 225. REMOVAL (Specify) TO 0 24O 24 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE APR 2 5 '61

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(State)

A SHE THE ANN to to poor original nterrord against the dwenty 1968 moitrate material 1945 discontinuo discontinuo Carried United September 22, 1879 81 bre fresh Lett B, Meloy (satisfie on , D.C. A STATE OF THE PARTY OF THE PAR

## FOR STATE HEALTH DEPT.

or. Page TO DEPUTY WICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form DMS-Rage 5 may be retained for you or ITEMEAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fig. pages 1, and 2 with the State Board or its designated agent, page 10 burial, remation, or removal, and in any event that it is board death. or its designated agent, prior to burial, cremation, or removal, and in any eve VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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4637	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	04625
OF OF PREEM		O HOUSE PROTECTION (When James J. Breed H. Santing)	an Davidanas bafasa admiss

a. COUNTY	e. STATE  b. COUNTY  b. COUNTY
Prince George's MARYLAND	Maryland Prince George's
b. CITY OF TO Which our experience limits, c. LENGTH OF STAY IN 16 write North and give hearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
Rixal Transient	College Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street addrass)	d. STREET ADDRESS
Birch Field	9723 Wichita Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Typa or print) Robert Charles	Cote DEATH April 3, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	May 14, 1949 11 yrs. Months Days Hours Min.
	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Student Public School	District of Columbia U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gerard Wilfred Cote	Hazel Byers
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (Ifyesgive werordetes of service)	INFORMANT Address
No No	Gerard W. Cote, same as # 2
18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) ASPNYXIA	ONSET AND DEATH
936.8 DUE TO	
Conditions, if eny, which \ (b) Hanging by r	eck
gave rise to immadiate causa	
(e), stelling the underlying cause lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
<u> </u>	PERFORMED?
20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	YES NO X Enter natura of injury in Pert I or Pert II of itam 18.) and got cause
DRIMARY STORE CONTRIBUTING	tried to let himself down with a rope
3 20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED. 2Da. PL	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	tory, street, office bldg., etc.)  ded area  College Park P. G. Md.
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes , Accident , Suid	
	CHIEF MEDICAL EXAMINER
ACTUAL	ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
SIGNATURE STATE OF THE STATE OF	DEPUTY MEDICAL EXAMINER ADTIL 3. 1961
EXAMINER'S James I. Boyd	Address (Street, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (Steta)
BURIAL 4-7-61 ARWINGTO	
23. FUNERAL DIRECTOR ADDRESS ( 3801 Cleveland and	Kiver 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Will chambers to - our coverence and	- my TDATE APR 6 '61 Oribur S. Krus

deviced acmix alle of attached to Toldan delight to the 13-17-1 La in the state of the state of able Entropy . Harrist of Columbia ... T. S. A. A SECTION OF COLUMN TEST B/IC · reme or Timeton Iv nedt teric o too pur Verter a dibe and times tel of bered has seen and say and the and the control of th Lact to the second of the lates I some I. some MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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10	23	25		

CERTIFICATE OF DEATH

	200.	3							Reg. Dist	. No.     4	627
1. PLACE OF DEATH				14-11	2. USUAL RESI			ved. If institution b. COUNTY	-		
P:	rince George	es Coi	unty MAR	YLAND		Maryla	and	D. COOI411	Princ	ce Geo	rges
b. CITY OR TOWN RURAL and give	(If outside corporate limit	ls, write	c. LENGTH OF STA	YINIb	c. CITY OR	TOWN (IF ou	stside corporate	limits, write R	URAL and giv	re nearest to	own)
Lanhar			36 Year	CS		Lanhar	n		3	6	
d. NAME OF HOSE	PITAL (If not in hospital, g	ive street o	addens.		d. STREET A	ADDRESS				e. IS R	ESIDENCE
6117	Princess Gar	den 1	Parkway		6117 F	rince	ss Gard	en Park	way		A FARM?
3. NAME OF DECEASED	Fire		Middl	0	los	st	4. DATE OF	Mon	th	Day	Year
(Type or print)	Wal	ter	Ea	mun	d X	onn	DEATH	ap	ril	11	196/
S. SEX	6. COLOR OR RACE	7. MARR	IED   NEVER MARE	RIED TE 8	DATE OF BIRT	Н	9.	AGE (In years lgst_birthday)		YEAR IF UN	
Male	White	WIDOWE	D DIVORC	ED C	ctober	24, 18	395	65 yrs.	Months D	Days Hou	rs Min.
00. USUAL OCCUPAT	ION (Give kind of work	one 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPI	LACE (State o	or foreign coun	lry)	12. CITIZ	EN OF WH	AT COUNTRY
PAIL	rking life, even if retired)		LF EMPLO	VED	Washi	ngton.	D. C.		U.	S.A.	
3. FATHER'S NAME	1-1		2) 2,00,20	1100	14. MOTHER'S						
Frank D	onn				Cathe	minal	Monahan				
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT	TILE I	OHORION	Add	es Lonk	nam, M	d
Yes, no or unknown]	1918-1919	ervice]			.Hilda	We sell	4117	Princes			
					. ILLIUEL	WISEL.	OTTI	FITHCES	s Gart		
	EATH [Enter only one co	use per lin	e for (o), (b), and (c	).]	0		. /	-		ONSET AN	
PARI I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ce	rebral	was	cular	- ac	ude	Int		Lev	how
4-3	DUE TO			1	A	41	0			0	
Conditions, if	any, which ) (b	C	moest	re	hea	VX	arlu	re		14	lear
gove rise to couse (o), stoting	immediate ( DUE TO		0	0	+	0	0 :	H /1		0	
lying couse last		a	rerios	acle	roll	- 1	earl	aus	ease		
PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO	O THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20Ь. DESC	TRIBE HOW INJURY	OCCURRED.	(Enter nature o	of injury in P	ort I or Port II	of item 18.)			
20c. TIME OF INJU		or 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY	Home, farm,	20f. (City or	town)	(Co	unty)	(State)
Hour o. m	10	While of work	Nat while	facto	ory, street, office	e bldg., etc.)					
					1	,	0.54	1 /	,		
21. I certify	that I attended the	decease		an	19.6/	_, to	apri	1736-4-			e decease
alive an	4/10/	196	L, and tha	t death	occurred at					e date sta	ated above
	,0.	11	9			A	DDRESS (Stree	t, city or town,	stote)	11	DATE SIGNE
ACTUAL SIGNATURE	-the	K.	del	M	D. 77	32	Roma	polis	14.0	Tank	un, M.
		7	,							***************************************	
PHYSICIAN'S NAME (Type)	HEI K	<u> </u>	-EE								
220. BURIAL, CREMAT		F	22c. NAME OF CEA	METERY OR	CREMATORY		22d. LOCATIO	N (City, tawn, c	or county)	(S	lole)
REMOVAL (Specif	(A) Anmil 16/	106	Anlinat	an Mad	ion-1 C						
3. FUNERAL DIRECTO	R'S SIGNATURE	130	APPRESS ADDRESS	m wai	Tonar (		BY REGISTRA	rlingto	TRAR'S SIGN	Tirgin	LEL
	HAMBERS CO.		Riverdale	. Mar	vland						
				nd parent	of mountain	DATE	14'61	Chi	hur 2 97	anua.	

arthur S. Kraus

uneral director, may be retained by the haspital or attending physician.

TO FUNERAL DISCORD. After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

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NTTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR VS A1S (4) 1SM 9/SS

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3	parties of the Common C			The state of the s
	avanamin metro de			
	unite O contained title		220 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Maria Paris per en terrirena Maria	And the state of t	Bar 100 H . C430		
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litems 1d, & 4 Film G284 4712/61 iwk CERTIFICATE OF DEATH Reg. Dist. No. 11 4 G 2 S

	20 0 3 0					wed. min.	
1. PLACE OF DEATH a. COUNTY	Prince Georg	es mary	II O STATE	IDENCE (Where dece	ased lived. If instituti b. COUNTY		fare admission)
b. CITY OR TOWN ( RUBAL ond, give n Hyattsv	(If outside corporate limits, writed town)	c. LENGTH OF STAY		TOWN (If outside co ashington,	porate limits, write R	URAL and give n	earest town)
OR INSTITUTION	TAL (If not in hospitat, give str Rd. (Office		d. STREET		eet, N. E.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Frank Thoma		Lo	OF	E Mon TH April 3	nth I	Pay Year 1961
s. sex Male		OWED DIVORCED	Jan.	5, 1880	9. AGE (In years last burthday) yrs.	Months Days	Hours Min.
Steward .	ON (Give kind of work done tring life, even if retired)  Dinning Car	Railroad	R INDUSTRY 11. BIRTHE	don, Engla	n country) ind		OF WHAT COUNTRY
13. FATHER'S NAME	Unknown		14. MOTHER	s maiden name Unkr	iown		
15. WAS DECEASED EVE (Yes, no. or unknown) Yes	ER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO.		n Donnelly	Add 2700 301		E. Wash.D.
	ATH [Enter only one cause po ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).]  Myocard		RCTION		IN OI	TERVAL BETWEEN NSET AND DEATH " MMCD
Conditions, if a gove rise to i couse (o), stoting lying cause last.	the under-	CORONAR Arterisson	_	n88818			10 years
ICATI	HER SIGNIFICANT CONDITION	ve Heart	Failure			EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING (1) 20b. I	DESCRIBE HOW INJURY OF	CCURRED, (Enter noture	of injury in Port I ar	Part II of item 18.)		
Y 20c. TIME OF INJUI Hour a. p. p. m.	wı	d. INJURY OCCURRED hile Not while work 0 wark	20e. PLACE OF INJURY foctory, street, office		Lity or town)	(Caunt	r) (State)
21. I certify the alive on	POBERT 1	eased from N 261, and that Deen B. IIREY	M.D	ADDRESS	om the causes of (Street, city or town,	and on the d	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	)	22c. NAME OF CEME 61 Fort Lin	TERY OR CREMATORY	22d. LO	cation (city, town, o		(Stote) Lànd
23. FUNERAL DIRECTOR	r's signature	ADDRESS Bladensburg R		24g. REC'D BY REC	ISTRAR 24b. REGIS	STRAR'S SIGNAT	URE

ineral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/55

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	RESIDENCE OF STREET		# 11 3 A	
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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may be retaine y the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by it fineral director.	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with	the State Board of Heolth prior to burial, cremation, or removal, and in any event, within 72 hours after death.		
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TO HOSPITAL OR, TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VR A1S (4) 1SM 9/59

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o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If instituti b. COUNTY	on: Residence before admission)
Prince George	MARTEAND	Md.	P	rince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote limits, write R	URAL and give nearest town)
Cheverly	3 days	1 4-01,105 51	st. Street	
d. NAME OF HÖSPITAL (If nat in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George General		Bladensh	urg	YES NO.
NAME OF First DECEASED	Middle	Last	4. DATE Mor	
(Type or print) Edgar		Dorsch	DEATH AD	
S. SEX 6. COLOR OR RACE 7. MARRI	ED THE NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	D DIVORCED	6-15-91	Jost birthdoy) 69 yrs.	Months Days Hours Min.
00. USUAL OCCUPATION (Give kind of work dane 10b. 1	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during mast of working life, even if retired)  Clerk  Wa:	r Dept. US Gov!	t. Ne	Jersey	U.S.A.
3. FATHER'S NAME	20001-001	14. MOTHER'S MAIDEN N		
Unknown		Unknown		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT	Add	
Yes WW I No	ne ¢o	rnelia B. Dor	sch, 4105 51st	St.Bladensburg, Md
18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]	1 1	+	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rebrolascul	as accides	U	ONSET AND BEATH
4701 DUE TO 00	2 0	1/ -		
Contract (1)	regimele	rolli It	desease	
gove rise to immediate	du con - or	4	01	2 /
cause (o), stating the under-	Guomatau	, acel i	left con	art.
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
No.				YES NO
20a. ACCIDENT WAS UNDERLYING DON'S CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in F	Port I or Part II of item 18.)	
	JURY OCCURRED 20e. PI	LACE OF INJURY (Home, farm	206 (City or town)	(County) (Stote)
0		actory, street, affice bldg., etc.		(5.6.6)
	ot wark			
21. I certify that (I) (this haspital) attend	ed the deceased from.	April 23 196	ol to April 2	5_, 1961, that (1) (we) last
saw the deceased alive an April 25	161 , and that	death accurred at 7:2		nd an the date stated above.
22a. SIGNATURE				22b. DATE
D. Hounser			D. STAFF	April 26, 196
22c. PHYSICIAN'S NAME (Type) Dr. Rosenberg	. M.D.	22d. ADDRESS		
DI of Resemble	is M. D.	5102 Anna	polis Road, B.	Ladensburg, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)
Burial April 28, 196	1 Arlington Na	ational Cemete	Arlington	. Virginia.
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
W. W. Chambers Co. G.	Leverdale.	Md. DATE M	AY 1 '61 C	William S. Krana

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 4642 04630

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)				
a. COUNTY	e. STATE b. COUNTY				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	nive nearest town)			
write RURAL end give neerest town) 28 days	1.	5			
Glenn Dale (rural)	Washington	IX			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
Glenn Dale Hospital	2025 8th St., N. W.	YES NO			
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year			
(Type or print) Leander -	Douglas Death 4	7 19 61			
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	EAR IF UNDER 24 HRS.			
Male Negro widowed X DIVORCED	2/28/1891   last birthday)   Months   Day   Months   M	Hours Min.			
	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY			
done during most of working life, even if retired) McGhan Scaffold	Virginia US	2.0			
Laborer 13. FATHER'S NAME Company	14. MOTHER'S MAIDEN NAME	)A			
Mark Douglas	Cormora Douglas (Byrd)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewarordatesofservice)	INFORMANT Address				
Unknown - Unknown (lost)	Decedent				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occ.	lusion	17 hours			
LI 10 / DUE TO	m v() 2 V · ·				
gave rise to immediate cause (b)					
(a), stating the underlying DUE TO					
ceuse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO PULMONARY TUDE TOUR DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF CHARLES WITH PROPERTY MEDICAL EXAMINER)	generalized arteriosclerosis	YES NO E			
200. ACCIDENT WAS UNDERLYING   205. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Part I or Part II of item 18.)	100			
OR CONTRIBUTING CAUSE OF DEATH UP (IF EITHER, NOTIFY MEDICAL EXAMINER)		-			
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (Stete)			
The same of the sa	tory, street, office bldg., etc.)				
	2/20 /2 /2/	3			
21. I certify that (I) (this hospital) attended the deceased from.					
saw the deceased alive on		e date stated above			
22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED			
Wall I am Washington DV "	A.D. PHYS. DIRECTOR PHYS.	1/7/1961			
22c. PHYSICIAN'S	22d. ADDRESS Glenn Dale Hospital				
NAME (Type) WilMam J. Washington, Jr.,	M.D. Glenn Dale, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		(Stete)			
BEMOVAL (Specify) H-11-1911 1-tarmen	y med.				
19 State of the true of the state of		CNIATINGE			
24 PONERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI				
Johnson & Jerlini 7804 Pens	WY MENDATE APR 10'61 arthur &	Fire			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 by be retained by the hospital or attending physician.

TO HOSPITAL OF PHYSICIAN STATEMENT OF THE PROPERTY OF THE PROPERTY OF THE PAGE AND STATEMENT OF THE PAGE AND STATEMENT

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funeral

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page 1, has be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

death. Page TO FUNERAL TO HOSPITA

VR A15 (4)

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24 hours after

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01004 1.51.0 CEDTIEICATE OF DEATH

	2030 CERIIICALE OF DEATH	112001
1.	PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, if Institutions Resident	ca bafora admission)
	a. COUNTY PRINCE GEORGE MARYLAND B. COONTY B. COONTY OF BOUND B. COONTY OF B. COONTY OF B	PORGO
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give with RURAL and give nearest lown)	nearen 19 yn
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give/streat address)  d. STREET ADDRESS	RESIDENCE
1	2708-Fairlaun St. 2708-Fairlaum St	YES NO
3.	NAME OF DECEASED (Type or print) A D A Middle Last 4. DATE Month Day OF COMMENT A DRIVE A DESTRICT A DRIVE A DESTRICT A DRIVE	Year
S.	SEX IA COLOR OR RACE I WARRE TO WARRE TO BATE OF BIRTH 19 AGE (In years IF UNDER LYEAR)	196/ IF UNDER 24 HRS.
7	PATALO NA LO WIDOWED DIVORCED   1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Hours Min.
10a do	s. USIAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. EXTHPLACE (County & State, or foreign country)   12. CITIZEN O	F WHAT COUNTRY?
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	A,
10.	WILLIAM MI NOIAN MARY ANN HOLLAN	'D
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	dani
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, BRONCHOPNEU MONIA	S-DAYS
	1913 DUE TO A 1	zine
	Conditions, if any, which gave rise to Immadiate cause (b) MULTIPLE METASTIASE of LARCINOMIA	> AKO
	(a), stating the underlying DUE TO CARCINOMATOSIS- PRIMARY OF FACE (	GYRS,
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.)	YES NO
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)  Hour a.m. 19 And While at work at work at work at work 19 And	(Stata)
-	1000	hat (I) (we) last
	saw the deceased alive on N.A.K.C. H. 3019. , and that death occurred at	ate stated above.
	22e. SIGNATURE  ACTENDING MED.  STAFF DIRECTOR   PHYS.	4 SIGNED
	22d. PHYSICIAN'S NAME (Type) - S, W. LOWRY 7200 MARLBORO PKE SE!	VASH 28 D
23	BURIAL CHEMOTON 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)	(Stata)
24	FLUERAL DIRECTOR'S SIGNATURE 200 ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNA	TURE
5	see Tineral Home 4 St M & Llash D GATE APR 6 '61 Outling & Kin	ALLA
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## The law requires that the death certificate be executed within 24 hours after and the death. Page ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 death. Page As be retained by the hospital or attending physician. IO FUNERAL MIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the pages.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	Thomas 7.7 6 71. 10	1 1 0000 6/	16/67				
1. PLACE OF DEATH 3. COUNTY	items 1) & 14 F		h COUN	Institution: Rasidence before edmission)			
Prince George	MARYLAND	a. Maryland	Prince	George			
b. CITY OR TOWN (if outside corporeta limits, write RURAL and giva nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate limits, write	a RURAL and giva neerest town)			
Cheverly		Glenarder	1 32				
d. NAME OF HOSPITAL OR INSTITUTION (if not in	nospitel, give streat eddress)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?			
Prince George General H	ospital	7th Street		YES NO			
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer			
(Type or print) Hubbard		Eldridge	DEATH Apr.	17 19 61			
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED   8	B. DATE OF BIRTH	9. AGE (In years lest birthdey)	Months Devs Hours Min.			
Male Coloredwipo	WED DIVORCED	June ? , 18'		Months Deys Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	RY   II. BIRTHPLACE (Coun	ity & State, or foreign country)				
Retired		South Car	rolina	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Marsie Eldridge		Judie					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
(Yes, no, or unkown) (If yes give we rordates of sarvice)	M	rs Minnie Ti	llman. 7th St.	, Glenarden, Md.			
18. CAUSE OF DEATH [Enter only one ceuse p		1	Limetry Ton Do.	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	110000	clerate	s 1/0 rot D	ONSET AND DEATH			
117	1/12						
720.0 DUE TO	A fall	1 a Cax	4 4 4	>			
geve risa to immadiete cause (b)	Conditions, if eny, which age tise to immediate cause						
(a), stelling the underlying DUE TO							
cause lest. (c)		AR AFI A TEN TO THE REPAIR	PART DISTAGE COMPITION CO	VEN IN PART 1(a) 19. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS C	ONIKIBUTING TO DEATH BUT NO	OI KELATED TO THE TERMIN	NAL DISEASE CONDITION GI	PERFORMED?			
IZ I				YES NO .			
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	O. (Entar netura of injury in	Pert I or Pert II of item 18.)				
Hour a.m.		ACE OF INJURY (Home, farm tory, streat, offica bldg., atc		(County) (Slate)			
21. I certify that (I) (this hospital) att	ended the deceased from.	4-18-	195,710.4/	7, 19 (a) that (I) (ave) last			
saw the deceased alive on	519.61., and that	death occured at 3.5	O.S.A. Are the causes	and on the date stated above			
22e. SIGNATURE		ATTENDING	MED STAFF	22b. DATE SIGNED			
11-6.1300 don	٨		DIRECTOR PHYS.				
220 PHYSICIAN'S NAME (Type) T3.0/	6H 114	22d. ADDRESS	Hunt Pl	ME DE			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)			
Removal (Specify) Removal Apr. 21. 19	61 Shipped to	Anderson, S.	C				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRES Wash.	D. C. 25a. REG		GISTRAR'S SIGNATURE			
MALVAN & SCHEY, INC. 42	4 "R"St. N. W.	DAMPR	21 '61   04	Lung & Krons			
	7 20 000 210 110	· INLA	- VI WILL	d. Galla			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COUNTY
Prince George MARYLAND

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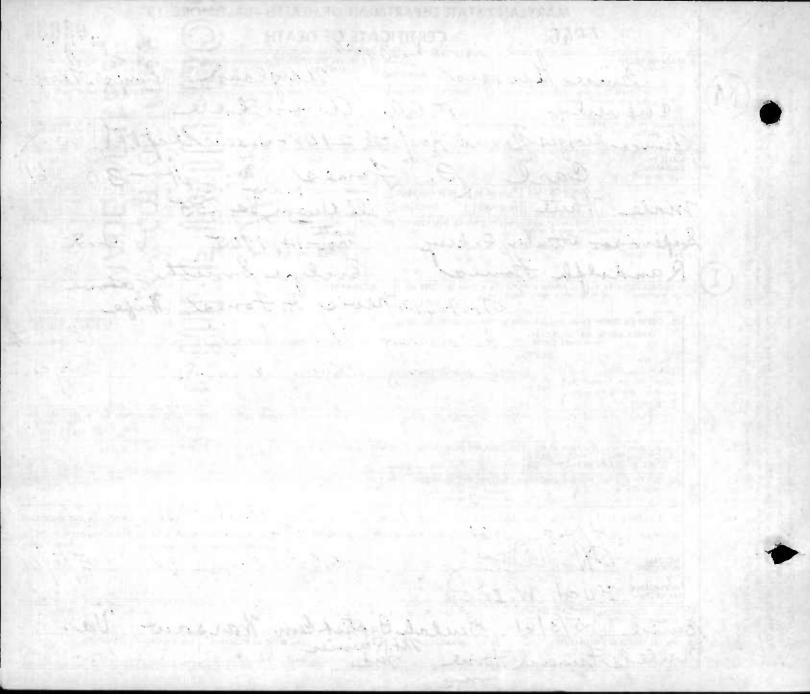
TO HOSPITAL OR ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be revained. The haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the read director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.
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lirectar ed wit		1. PLACE OF DEATH o. COUNTY Prince George  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Prince George			
E 9	M)	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
D P		RURAL ond give negrest town)  Dheverly  24 days  Mt. Rainier			
show	070	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  e. IS RESIDENCE ON A FARM?			
by d 2	1/	Prince George's General Hospital 3606 Bunker Hill Road YES NO			
d in b		3. NAME OF First Middle Lost 4. DATE Month Day Year OF			
filled ges 1	de d	(Type or print) Eva Pearl Fabritz DEATH April: 15 1961			
Pag P	0	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.			
pletely rrs. Pa	offe	Female White WIDOWED DIVORCED January 27, 1898 63 Y''			
com	S I	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if relired)			
nd o	2	Retired Department store clerk Ohio U.S. A.			
an an carba	7/ u	13. FATHER'S NAME			
sicio	T	Oliver Underwood Annie Gibson			
physicic emave o		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  [Yes, no, or unknown] [If yes, give war or doles of service]			
e re	Oliver Underwood  Is. WAS DECEASED EVER IN U. S. ARMED FORCES?  Office of service of service of the service of				
attending n please re	duy	1B. CAUSE OF DEATH [Enter only one course per line for (c), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH			
en of the	<u> </u>	PART I. DEATH WAS CAUSED BY: Maha Chelral hemleft (day)			
	0	204,4 DUE TO			
s the	val,	Conditions, if ony, which) (b) New Merican			
gned	emaval	gove rise to immediate DUE TO			
	5	lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(					
ph has	Crematian,	YES W NO			
e ate	e c	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)			
cities of the state of the stat	<u> </u>				
Se o	in a	Hour o. m. While Not while foctory, street, office bldg etc.)			
tal this	<u>₽</u>				
fter for for for for for for for for for fo	مام	21. I certify that (I) (this haspital) attended the deceased fram Mars. 23 1961, ta April 15, 1961, that (I) (we) la			
R: A	£ 1	saw the deceased alive an April 15 1961, and that death accurred at 5:00, Pem the causes and an the date stated above			
TEN The The detac	Ĭ	220. SIGNATURE  M.D. PHYS.  MED. STAFF  DIRECTOR   PHYS.			
BEC Be	D D				
retained RAL DIR	Board	22c. PHYSICIAN'S NAME (Type) Dr. Leon Levitisky M.D. 22d. ADORESS Rhodes Island Ave.			
SPIT/ Se re IERA 3 sho	<u>Б</u>	Mt Rainier, Md.			
may be re D FUNERA page 3 sh	Sto	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)			
may be retail TO FUNERAL to	ŧ X	Burial April 19, 1961 Ft Lincoln Cemetery Colmar Manor, Md.  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE			
VR A1s (4)	B	F Gaschie Sone Weether:			
1SM 9/S9		- Gasch's Sons Hyattsville, Md. DATE APR 19'61   Cultury & Huses			

7 the Colombia The second secon detailed to the british a conditional and a second a second and a second a second and a second a A Description to the Land of t differentiation is resident annual to the every The property of the party of th Borgania constant - ventured alcostact level Carliner Landing the believe that a such a light of

11	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	B		4646 CERTIFICATE OF DEATH Reg. Dist. No. ()4634
Page director iled wit		1.	PLACE OF DEATH o. COUNTY  O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before obvission) o. STATE  MARYLAND  D. COUNTY  D.
death.	(M)		b. CITY OR TOWN (If outside corporate limits, write ( c. LENGTH OF STAY IN 1b RURAL and give nearest town) ( C. CITY OR TOWN ( outside corporate limits, write RURAL and give nearest town)
by the	no.		d. NAME OF HOSPITAL/(If not in hospital, give street oddress)  PR INSTITUTION  REORGE GENERAL HOSPITAL 2/08- Queens Cleakel RI VES NO
24 hau illed in	71		NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DOT DEATH  A. DATE Month Doy Year DEATH  DOY YEAR
d within letely fi		5.	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B. DATE OF BIRTH Plant   9. AGE (In years lost birthday)   Months Doys Hours Min.
execute nd comp	death.	8	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1]. BIRTHPHA (Stote or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1]. BIRTHPHA (Stote or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1]. BIRTHPHA (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ote be icion or e carbo	T de	13.	Randolph Fores Evelyn Smith
certific ng phys	Poor C		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address above (If yes, Sive war or dates of service) 677-07-2892, Nevis H. Fones Mile
e deoth ottendi	within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ### ONSET AND DEATH    5   15   15
that the by the it. The	y even		4201 DUE TO Conditions, if ony, which) (b) la grange artery deserge. 5 years
equires on. signed sit perm	ם ה ס		gove rise to immediate couse (a), stating the under- lying couse last.
physicic as beer ial-trans	povol, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \subseteq \)
IAN: Ti rending ficate h	or ren	L CERTIF	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
al or atthe	emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  20d. INJURY OCCURRED While Not while at wark at work a
NDING hospit After t	urial, cr		21. I certify that I attended the deceased from 1956, 19, to Reful, 196 (that I last sow the deceased olive on 4/24, 1961, and that death occurred at 2 AM, from the causes and an the date stated above.
d harden	or to b	1	ACTUAL SIGNATURE M.D. 7/05 Rugar Rd: 5/1/6/
retaine RAL DIF should	stror pr		PHYSICIAN'S Hugh W. Trey
may be FUNE	the regi	3	BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
VS A15 (4) 15M 9/5B		23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS Mt. Reinier 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ALLEYS TRUE & CATHUR S. KLARA



41400	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  Items 22c & d. Film G284 4/13/61 iwk  CERTIFICATE OF DEATH  Reg. Dist. No. 146.35
Me (IVI)	4647 CERTIFICATE OF DEATH Reg. Dist. No. 14635
Poge 4	1. PLACE OF DEATH 6. COUNTY Pr George  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY Pr George  Maryland  Pr George
death.	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Suitland  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Marlow Heights.
090 mg	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  Suitland N <sub>11</sub> rsing Home.  d. STREET ADDRESS ON A FARM? YES \( \sigma \text{NOT} \) VES \( \sigma \text{NOT} \)
24 hour Hed in E	3. NAME OF DECEASED (Type or print) Henry M Middle Frame Of DEATH April 1st. 1961.
d within 2 letely fille	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH   9. AGE (In years lost birthdoy)   North   North
comple papers.	10o. USUAL OCCUPATION (Give kind of wark done done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
and con son pap r death	CRetired Cabinet Maker D.C. U.S.
on a arbe	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
rsicio ve o urs o	unknown unknown
phy emo 2 hor	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes, give wor or dates of service)
th c ding use t in 7,	no   Mrs Anna Marie Frame - sam as above   Interval Between   Interval
deo deo with	ONSET AND DEATH
the o	
thot by the	Conditions, if any, which) ATEROSENEROTIE HEAR'T DISEASE
led b srmit.	gove rise to immediate DIE TO
requi	lying couse last.
sicia seen rans 1, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
The la	YES NO
IAN: T ending ficote b the but or ren	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or all his certi use os emotion	20c. TIME OF INJURY Month, Day, Year Not while Not while of wark of twark of wark of w
NG spile	21. I certify that I attended the deceased from 2/11, 1961, ta 4/1/, 1961, that I last saw the deceased
NDI e ho schee	alive on MARCH 30, 1961, and that death accurred at 4/1/61, 15M, from the causes and an the date stated above.
2 de 5	ADDRESS (Street, city or town, state)  DATE SIGNED
OR OR OF Prior	SIGNATURE M.D. 4833 ST. BARNADAS RCL 4/1/61
reto RAL shou	PHYSICIAN'S BRUNO KOLEGA UPHINCHONZI-DRMd.
HOSE oy be nge 3	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stole)  BUTT 1 Specify 4-5-61 / AZIANGTON / ALLONAL / T./MYOT / Va. Suitland, Mo
4 4	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Lee Funeral Home Washington D.C DATE APR 6 '61 Quilling & Kings

### FOR STATE HEALTH DEPT or. Page or files. cessary,

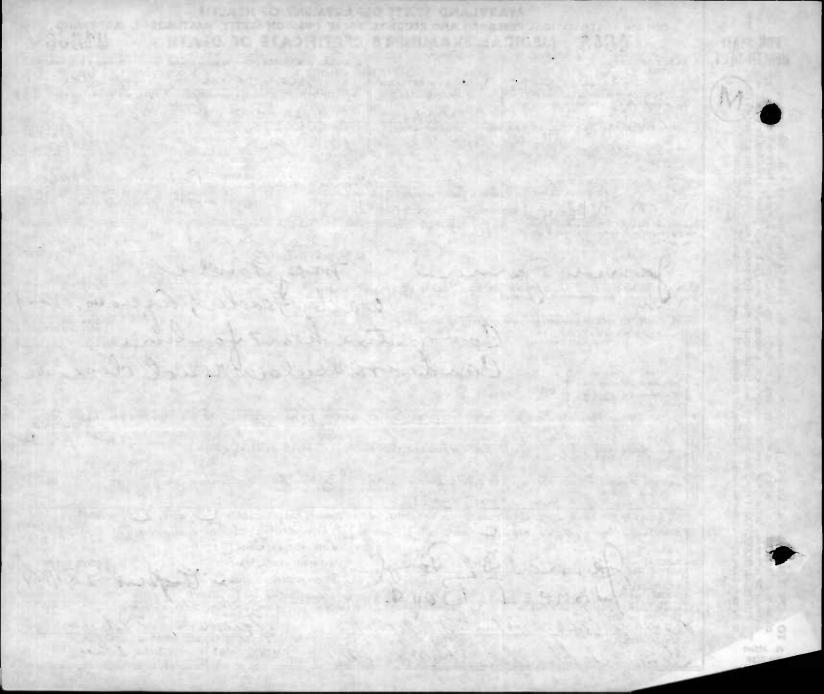
DEPUTY M. ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay incase execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral day should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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٠			AL RESIDENCE (Where deceased lived, if Institution: Residence before edmission	1)
		e. COUNTY Prince GOODS MARYLAND 6. STA	TE mansland b. COUNTY from ce leaven	
	ŧ		Y OR TOWN (If outside corporete limits, write RURAL end give nearest town)	-
4		NO Q X	I Irondywood	
,	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STI	EFF ADDRESS   e. IS RESIDENCE	E
		Del - Classe	ON A FARM?	?
		Doven con	YES NO	1
		3. NAME OF First Middle L	est 4. DATE Month Dey Yeer	
3		(Type or print) James Gar	MEN DEATH Copine 28 1961	
	5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF		
		mele wipowed of DIVORCED	1882   last brinddy)   Months Deys Hours Min.	
		10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	HPLACE (State or foreign country)	Y?
		John Tarm	naryland te-1-le	
	13.	13. FAPPER'S NAME	IER'S MAIDEN NAME	
		James James	they town	
		15. WAS DECEASED EVER IN U.S. ARMED OCCES? 16. SOCIAL SECURITY NO. 17. INFORMA	Address Address	
	(10:	(Yes, nd r unkown) (Ifyesgivewerordel(so/service)	ten power legione, he	1
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1 INTERVAL BETWEEN	_
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	
		IMMEDIATE CAUSE (e)	Mean forture	
		447X DUE TO A		
-91		Conditions, if eny, which (b) Cardio 10 A	culon Money chesoned	
		geve rise to immediate cause	- Julian	-
		(e), steting the underlying DUE TO		
		cause lest. (c)		
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?	1
	ΨΨ	TY .	YES NO V	1
a	CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture		-
	ERTI	PRIMARY Or CONTRIBUTING		
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJU	RY (Home, farm, ' 20f. (City or town) (County) (State)	
	(ED)	Hour a.m. While Not While et work	interpretation of the state of	
	<		opsy , Inspection I Inquiry and in my opinion	-
		21. I certify that I took charge of the remains described above, held an Au		
		death resulted from: Natural causes Accident . Suicide .	Homicide, Undetermined manner	
			HIEF MEDICAL EXAMINER	
		ACTUAL A	SSISTANT MEDICAL EXAMINER DATE SIGNED	
1		SIGNATURE M.D. A.	PUTY MEDICAL EXAMINER TYPE BL. 2 28 196	1
		EXAMINERS / )	a congression	
			ddress (Street, city, town, or county)	-
)	22e	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATO	RY 22d. LOCATION (City, town, or country) (Stete)	
1	0	Burial (ipr. 29/6/ St. Shileps	Usuasco, Md.	
1	- 40	23. FONERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE	
1		Mankani M Kelling An in mis	MAR 2 '61 Chithur S. Krans	
	*	deorge & need requases 110	DATE	_
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#### MARYLAND STATE DEPARTMENT OF HEALTH

	INCHESTION OF THE PARTY		
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
	CERTIFICATE	OF DEATH	. 50

PLACE OF DEATH	birth cert.	
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If in	
	a. STATE b. COUNT	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  MARYLAND  c. LENGTH OF STAY IN 1b	Maryland Princ c. City OR TOWN (If outside corporate limits, write)	RURAL and give nearest town)
Cheverly 4 hrs. 5 mins		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO
Prince George General Hospital	1003 54th Ave.	Dey Year
DECEASED	OF	Dey Tear
(Type or print) Maurice Giliums	DEATH April	14 19 61
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH 9. AGE (In years I lest birthdey)	Months Deys Hours Min.
Male   Colored   WIDOWED   DIVORCED   ]	December 11, 1960 yrs.	Months Deys Hours Min.
. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY
ne during most of working life, even if retirad)	Prince George, Md.	U. S. A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 0 A
Oscar Gresham	Innet a Tea Gillians	
	Jessie Lee Gillums	
s, no, or unkown) (Ifyesgive werordetesofservice)	TIVE CRIMATES	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a) (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	leve mode.	
7/3/) DUE TO N		
	din	
geve rise to immediate cause		
(a), steting the underlying DUE TO		
cause lest. (c)	AND AND THE TRANSPORT OF THE PROPERTY OF THE P	LINE DATE OF THE SHARE ALL COREY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
	). (Enter neture of injury in Pert I or Pert II of item 18.)	
OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   2De. PLA	ACE OF INJURY (Home, ferm, 20f. (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.  20d. INJURY OCCURRED 2De. PLA While Not While fect	ACE OF INJURY (Home, ferm, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m.  19  20d. INJURY OCCURRED While Not While fect at work at work	tory, street, office bldg., etc.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m.  19  21.   certify that (I) (this hospital) attended the deceased from.	ory, street, office bldg., etc.)	]], 196] that (I) (we) la
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m.  19  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ory, street, office bldg., etc.)	1) <sub>1</sub> , 1961, that (I) (we) land on the date stated above
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer While Not While at work 19 fect at work 11 at work 12. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ory, street, office bldg., etc.)	]], 196] that (I) (we) la
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19  21. I certify that (I) (this hospital) attended the deceased from  saw the deceased alive on	death occured at	1), 1961, that (I) (we) land on the date stated above
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Hour a.m. p.m.  19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occured at 19 61 to April	1), 1961, that (I) (we) land on the date stated above
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer While Not While at work 19 et work 19 et work 19 et work 19 et work 20c. PLA  21. I certify that (I) (this hospital) attended the deceased from  Saw the deceased alive on	death occured at 3. 30 from the ceuses a ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS Bladens burg. M. C.	1.) <sub>1</sub> , 1961, that (I) (we) land on the date stated above 22b. DATE SIGNE
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer While Not While at work at	ADTAIL	1.) <sub>1</sub> , 1961, that (I) (we) land on the date stated above 22b. DATE SIGNE on or county) (State)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19 20d. INJURY OCCURRED While Not While at work at work at work 19 20e. PLA  19 21. I certify that (I) (this hospital) attended the deceased from  21. I certify that (I) (this hospital) attended the deceased from  22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  23b. DATE THEREOF 23c. NAME OF CEMETERY	ADTAIL	nd on the date stated above  22b. DATE SIGNE  (State)

A COLUMN TO THE PART OF THE PA west because of the best of Termon tent of the north longs the latest a tent of the second tent of December in, 1969 g land NAME OF THE PARTY the state of the months of the contract of the state of t Charles to the server of the s

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MARYLAND	STATE DE	PARTMEN	T OF HE	ALTH
ION OF STATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE	1, MARYLAND
CEI	RTIFICATI	E OF DE	ATH	

DIVIS

L.	650		CERTIFI	CAI	E OF DEA	111				
1. PLACE OF DEATH 0. COUNTY Pri:	nce Geo	rge	MARYL		2. USUAL RESIDENCE D. STATE Ma.1	(Where deceas			pefore admission) e Georg	
b. CITY OR TOWN (If outs RURAL and give negret Sultano		s, write	c. LENGTH OF STAY IN	1 1b	Hill C		orote limits, write RU eights	JRAL and give	nearest tawn)	
d. NAME OF HOSPITAL (III OR INSTITUTION Suitland	nat in haspital, g				d. STREET ADDRES	enton	Place		e. IS RESIDE	RM?
Dar orana	aut STITE	110111	ie .		2400 M		Lace		153   14	O IZ
3. NAME OF DECEASED (Type or print)	Mary	st	Middle		Grim	4. DATE OF DEATI	April		Day Year	
	White	7. MARR	NEVER MARRIED  DIVORCED		May 15th	1877	9. AGE (In years last birthday)  83 yrs.	Months Do	ear IF UNDER 2	Min.
10a. USUAL OCCUPATION (Conducting most of working library House wife	fe, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUST	German		country)		A. A.	INTRY"
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME				1
	hwarz				Unknow	n				1 8 4
15. WAS DECEASED EVER IN (Yes, no, or unknown)   (If yes,	U. S. ARMED FORG		SOCIAL SECURITY NO.	17, INFO	DRMANT		Addr	"Arli	ngton,	Va
No	No		No	Jol	nn E. Gr:	im 380	O Nellie	Cust	is Driv	VE
18. CAUSE OF DEATH		0	ne for (a), (b), ond (c).] Conjestive					11	INTERVAL BETW ONSET AND DE	EEN
Conditions, if ony, v gove rise to imme couse (o), storing the u lying couse last.  PART II. OTHER SI	nder- DUE TO		arterioscl			ERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(	a) 19. WAS AUT PERFORM YES N	ED3
OR CONTRIBUTING (IF EITHER, NOTIFY MED	AUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injur	y in Part I or Po	ort II of item 18.)			
20c. TIME OF INJURY N Haur o. m. p. m.	lonth, Day, Yea	While	NJURY OCCURRED  Not while k at work	Oe. PLAC	E OF INJURY (Hame, ry, street, office bldg.	farm, 20f. (Ci	ty ar town)	(Cour	nty)	(State
21. I certify that (I) saw the deceased 220. SIGNATURE 22C. PHYSICIAN'S MAME (Type)		ba			D. ATTENDING PHYS. 22d. ADDRESS	A.M., from	the causes and	d an the d	22b.D -26-19	bave ATE ICNET
- PEMOVAL (Specify)	23b. DATE THEREO		23c. NAME OF CEMET		CREMATORY	23d. LOC	ATION (City, town, o		(Stote)	
24. FUNERAL DIRECTOR'S SIG	4-28-19 SNATURE	tim	Arlingto	n N	N 081	REC'D BY REGI	STRAR 25b. REGIS	TRAVSLIGNA	ATURE	
			17 1	Ja	26306	7				

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liter over him		
S WAS STOLLA SECTION	A SECOND CO.	. A State with of
		(1-8)-1) LORDO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Page 4. It is be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral of function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICAT	E OF DEATH
1	1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	PRINCE GRORGES MARYLAND	O, STATE VIRGINIA B. COUNTY ARLINGTON
	b. CITY OR TOWN (if outside corporete limits,  Wite RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
	CAMPSPRINES MO. 12 days	FALLS LHURCH
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
0	USAFHOSPITAL ANDREWS	420 Brook Dr YES NO M
H	3. NAME OF DECEASED	Last 4. DATE Month Dey Yeer OF
	(Type or print) Guenther Leono	DEATH VOD . :41 10
	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.    Just birthday   Months   Days   Hours   Min.
	CAU WIDOWED DIVORCED	ast birthday) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	ACUSEICIFE	South Carolina USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Elkins	Leonora McSweeney
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
		ous loventher 420 Brook Dr. + ALLS(H
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSEJ AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TRACRANIA	L HEMORRHAGE "18 MES
Н	DUE TO A - M.	HOCYTIC LEVKEMIA le Morilo
	Conditions, if eny, which geve rise to immediate cause	40 CYTIC AEUKEMIA LI MACE
	(e), steting the underlying DUE TO	
	ceuse lest. (c)	A MAC AUTOROW
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
		YES NO L
8	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	). (Enter nature of injury in Part I or Part II of item 18.)
7		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While fact	lory, street, office bldg., etc.)
		MAN APPIL MAL
	21. I certify that (I) (this hospital) attended the deceased from a case the deceased alive on 14 300 to 19 and that	
9	Saw life deceased anye offer	death occured and M., from the causes and on the date stated above.
	220. SIGNATURE BUTCHAS	ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
	NAME (Type)	
	BURIAL, CREMATION, 235 DATE THEREOF J. 23c. MAME OF CEMETERY	OR CHANATORY / 1 23d. LOCATION (City, town or county) / (State)
	TRIMOVAL 15podily) ( Il ril/8/96) ( In Ventor	u hat l Ost Son Va
	24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS /	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	I & Mushy ask on	Va DATERDR 18'61 Cothun S. Kraus
	) / Iwill the	

MADVIAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY Page Health, Prince George's . STATPennsylvania b. COUNTY Alleghany files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give naerest town) or. our write RURAL end give nearast town) jo Pittsburgh Cheverly 50 minutes Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) for d. STREET ADDRESS IS RESIDENC ould be executed within 24 hours after death. If any delay in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained to burial-transit permit. File pages 1 and 2 with the State Bo burial-transit permit. ON A FARM? Prince George's General Hospital 157 North Craig YES NO NO NAME OF Middle 4. DATE Month Day DECEASED 19 61 20 (Type or print) Anna All and Ginst DEATH Apri. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Dave House Female White 8. 1885 WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Pennsylvania U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Aland Sophia Roman **EXAMINER**: This certificate should be executed within 2800 74th Avenue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs Ethel Lance, Hyattsville, Md. None None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease Conditions, if any, (b) should be forwarded to the Chief Medical Examiner's (FUNERAL DIRECTOR: Page 3 should be used as a base of the Chief Medical Examiner's CONERAL DIRECTOR: gave rise to immediate cause **DUE TO** (a), steting the underlying 5 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO TO YES 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. MEDICAL 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Dev. Yeer 20f. (City or town) (County) (Stata) factory, street, office bldg., etc. 0 Not While While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry XX Inspection X and in my opinion ICAL 1 designated agent, death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April DEPUTY MEDICAL EXAMINER O DEPUTY EXAMINER'S James I. Boyd NAME (Typa) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g Burial April 24,1961 Homewood Cemetery Pittsburgh ennsylvania 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME W. W. CHAMBERS CO. Riverdale, Maryland, DATEAPR 2 4 '61 5M 7/59 arthur & H

MARYLAND STATE DEPARTMENT OF HEALTH

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1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-	1	Ь	4653 CERTIFICATE OF DEATH ()4640
M dera			PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission
-			PrinceGeorges MARYLAND 8. STATE 6. COUNTY PrinceGeorges
	100		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
0	>	-	Cheverly 15 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  a. STREET ADDRESS  e. IS RESIDENCE
filled Page urs a		1	ON A FARMY
ers.		3.	THINCE GEORGES GENERAL MOSPILES IN THINING TO SERVICE MONTH Day Year
pap n 7.7			DECEASED (Type or print) P amela Patricia Hall OF DEATH April 19 61
d co bon withi	14	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
car car int,		40	Female Black WIDOWED DIVORCED 28 Mar 1961
e remove any eve		do	. USUAL OCCUPATION (Give kind of work leading most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	1719	13.	None Mary Land U.S.A.  FATHER'S NAME 14. MOTHER'S MAIDEN NAME
od in	T		Rudolph Hall Jr. Elizabeth Thersea Hutton
Then pleas	7	15. (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unkown)   (Ifyes give were ordates of service)
The		111	None Mother Same
r rer	-16		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED 8Y:  INTERVAL SETWEEN ONSET AND DEATH
ir pe			IMMEDIATE CAUSE (e)
rans			Conditions, if eny, which (b)
crei			geve rise to immediate cause (a), stating the underlying  DUE TO
rial,			ceuse lest. (c)
8 Q		TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
prior		CERTIFICATION	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II of item 18.)
	0	CERT	20e. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRISE HOW INJURY &CCURED. (Enter neture of injury in Part II or Part II of item 18.)
ched fo	W .	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
of of		MED	p.m. 19 et work at work
Dept			21. I certify that (I) (this hospital) attended the deceased from
State			saw the deceased alive on. Apr. 10
S Sh			220. SIGNATURE  ATTENDING MED.  STAFF APT SIGNATURE  APT PHYS.  DIRECTOR PHYS.  APT PHYS.
page with th	1		22c. PHYSICIAN'S 22d. ADDRESS 5301 Hamilton St.
ector, page filed with			N/M/ (Type) Dr. John Perkins M.B. Hyatsvile, Md.
	4	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Z # Z	0	24	Cremation 4/17/61 Pr Geo.General Hospital Cheverly, P.G.County, Md.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   250. REC'D 8Y REGISTRAR   25b. REGISTRAR'S SIGNATURE
A15 (4) A 9/60	13	24	HARRY W. PENTALLISM W. APR 18 61 Orthur S. Kraus
il e	3		2077193 4 4 2
			CAUCITION AND AND AND AND AND AND AND AND AND AN

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our files. ecessary, TO DEPUTY IN ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is agreed please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 Mours after death.

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIS	TICAL RESEARC	CH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMORE	I, MARYLAND
4654	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	04641

	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)  5. COUNTY (COUNTY)
	8. SIAL TO COUNTY
	b. CITY OR TOWN (if outside corporate finits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give narest town)
1	d. NAME OF HOSPITAL OR INTITUTION (if not In hospital, give street address).  Crence. Crons Cenaral Hospital  On a farm?  YES INO
1	NAME OF DECEASED (Type or print)  Report A Control Day Year OF DEATH Control Day Year OF DEATH Control DeceaseD
-	SEX   16. COLOR OR RACE   7 MADDIED   1 8. DATE OF BIRTH   19. AGE (In Wars I IF UNDER 1 YEAR) IF UNDER 24 HRS
1	nole White WIDOWED   DIVORCED   G-ct 22, 1927 33 yrs. Months Days Hours Min.
	Ob. USUAL OCCUPATION (Give kind of work done during that of sprking the even if refired)  Rectable Colonies (Colonies Country)  Descript  Colonies Colonies Country)
	Robert Loe Holl. In Josephin Slanglitt
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Hyesgive wer or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT Address 3140 Km. Wesh Security No. 17. INFORMANT Wesh Security No. 18. Address Wesh Security No. 19. Informant No. 19. Address No.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN .  ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: Death Death IMMEDIATE CAUSE (6)
	823 DUE TO - A
	Conditions, if ony, which \ (b) freeling of bone of Abrell
	geve rise to immediate cause (a), stating the undarlying
	cause lest. (c) Cruck of Class
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)  19. WAS AUTOPSY PERFORMED?  YES   NO
	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING COLOR OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAU
-1-	College of the cite bull and I love 2. n. & street
	20c. TIME OF INJURY Month, bey, Yeer 20d. INJURY OCCURRED 20. PLACE OF INJURY (Home, farm, Place of Injury) (State) A Hour About 9196 at work
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
	death resulted rom: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	ACTUAL AC
1	SIGNATURE DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER DATE SIGNED
	NAME (Type) AMES 1. 130 Vd Address (Street, city, town, or county)
2	28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
-	Burial 4/13/61   Mt. Carmel Cemetery   Upper Marlboro Md.
	23. FUNERAL DIRECTOR ADDRESS M.C. 248. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE
1	Ritchie Bros. Fun'l Home-Upper Marlboro, DATE MAY 1 '61 Cithus S. Kinus

and a many the state of the first of the state of Letter survey and water The was Observed for all the special Kobert des MAIL CASE FREE Description ( ) for the contract of the contra acceptant for our dance dance from the 10:20" april of the state of the state of the April & Complete april 10/1961 CLAMES I. LICYEL . Life one I all ranges are on the Industry . - July and the Largest and the Industry . ALL CALLS THE REST OF THE PROPERTY OF THE PROP

FOR STATE TO DEPUTY W. ICAL EXAMINER: This certificate should be executed within 24 nours after greating the funeral of or. Page please execute tine certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2000 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	04640
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution	Residence perore admission)
Prince George's MARYLAND	a. STATE Maryland b. COUNTY Pr	cince George's
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside corporete limits, write RURAL	
write RURAL and give nearest town) Cheverly 3 hours	Oh 3 On land	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Chapel Oakes	e. IS RESIDENCE
	7000 m	ON A FARM?
Prince George's General  3. NAME OF First Middle	5802 Sheriff Road	YES NO
DECEASED	OF	Day Year
(Type or print) Alfred Ignatious Hami		16, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8	B. DATE OF BIRTH  9. AGE (th years   IF UNDE lest birthday)  Months	
Male   Colored   WIDOWED   DIVORCED	July 24, 1906 54 yrs.	Nilli.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
Tavern Owner Tavern	District of Columbia	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7 . D. 10
William H. Hamilton	Mary Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivawarordetasofsarvica)	Demother of Manifelton Comment	
1 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	Dorothy L. Hamilton, Same as #	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Hemorrhage and	shock	
919,6 DUE TO		
Conditions, if any, which gove rise to immediate cause (b) Gun shot wound	in the thigh and pelvis	
(a), steting the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
5		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Short, by a revolu-	Enter nature of injury in Part I or Part II of item 18.)	
CAUSE OF CEATH. Shot by a revolu	ver that fell to the ground	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or lown) (C	ounty) (State)
12:00 M 4/16/ 10 61 at work X at work Ta	tory, street, office bldg., etc.)  Chapel Oaks	P. G. Md.
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes , Accident , Suic		[ ]
dealif resulted from: Indicate causes, Accident		
ACTUAL	CHIEF MEDICAL EXAMINER	
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 14/16	/61
NAME (Type) James To Boyd 226, NAME OF CEMETERY O	Addrass (Street, city, town, or county)	(6 )
REMOVAL (Specify) N-10-11 0.		try) (Stete)
Burial 4-19-61 Carverman		- 1
23. FUNERAL DIRECTOR ADDRESS	14 Mrs 240. REC'D BY REGISTRAR 246. REGISTRAR'S	
Barres Smatthews 3619-	14 STYLD DATE	s. / Cratter

PETERALISE NO TRANSPORTED STORTS FROM DEPOSITS OF BARA BERYON BYACAM KENCENCENTER AND KANTER ZADATORA PER ZER bures and an inches E Invito Time L articles and the ( sore 211 and 300 House I to Decump a to not a don't if The property of the party of the same of t a dr. fel go lett return morte and long of more No think and the state of the state of the Logicia est as fiel sus sections at the section of The state of the s 7 (AC + 11 SC 13 In ) The thirty of the same of the same of the same of

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL STREET, BALTIMORE 1, MARYLAND

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ш	13	0110		RESEARCH AND	RECURDS,	201 M	. PRESTO
	6	5	6	CERT	IFICATE	OF	DEATH

_ WOOO CERTIFI	CAIL OF L	EATH			114642
1. PLACE OF DEATH  •. COUNTY  Prince Georges  MARYI	e. STATE	D. C.	re decessed lived, If b. COUN		ence before edmission
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  Glenn Dale (rural)  c. LENGTH OF STATES AND COLUMN CO	Y IN 1b c. CITY (	OR TOWN (If outside Washing		RURAL and give	47X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre Glenn Dale Hospital	d. STREE	1217 O	rren St.,	N. E.	on a farmi
3. NAME OF First Middle DECEASED	Lest	OF		Des	y Yeer
(Typa or print) James C.	Harr	15	ATH )		7 19 61
5. SEX Male  6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED		RTH 3/03	9. AGE (In yeers last birthdey) 57 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHP		e, or foreign country)		OF WHAT COUNTRY
Construction worker Unknown 13. FATHER'S NAME	14. MOTHER	FLa.		USA	1
John Henry Harris  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewarordetesofservice) Unknown  579-01-2927	O. 17. INFORMANT	atherine Co	OX Harris Address		
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Right pneumoth				II.	onset and death
Conditions, if any, which geve rise to immediate ceuse (b) Far advanced p	ulmonary to	uberculosi	S		14 yrs.,
(a), stefing the underlying DUE TO cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  Pulmonary emphysema; subtotal gas  20b. Accident was underlying   20b. Describe How Injury of Contributing   cause of Death  III EITHER, NOTIFY MEDICAL EXAMINER)	trectomy, ]	1953		'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO .
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED While Not While et work et work et work	2De. PLACE OF INJURY factory, street, office		(City or town)	(County)	(Stete)
21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on		1:17			that (I) (we) la
228. SIGNATURE William Maskington S 22c. PHYSICIAN'S	ATTENDIPHYS.	ACTI	ng staff		22b. DATE 4/7/61
NAME (Type) William J. Washington, J	r., MD		enn Dale,		
REMOVAL (Specify)	METERY OR CREMATO	1 1	LAXENS BE	44	(Stete)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS S	716-H ST.11	25a. REC'D BY R	EGISTRAR 25b. RE	GISTRAŘ'S SIGN.	
ITINALDI FUNERAL HOME WA	1017. 6	DATE APR 11	VI C	billing S. 96	LALLIE .

death. Page 4 the retained by the hospital or attending physician.

O FUNERAL DARECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. Page 4

TO FUNERAL 1

G director, page 3

TO HOSPITAL

portraid parties. . of a testion Value thebaba 1989-70-288 e • 337 3 4 4 bull married and the state of t cule . A PAR CH. BUT TIME THE STREET OF THE PROPERTY OF

TO HOSPITAL OF

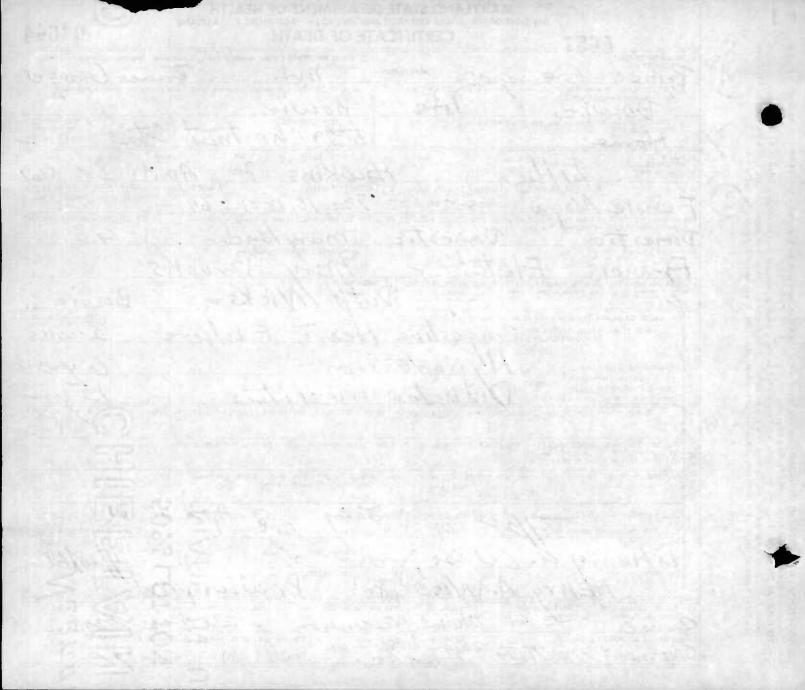
VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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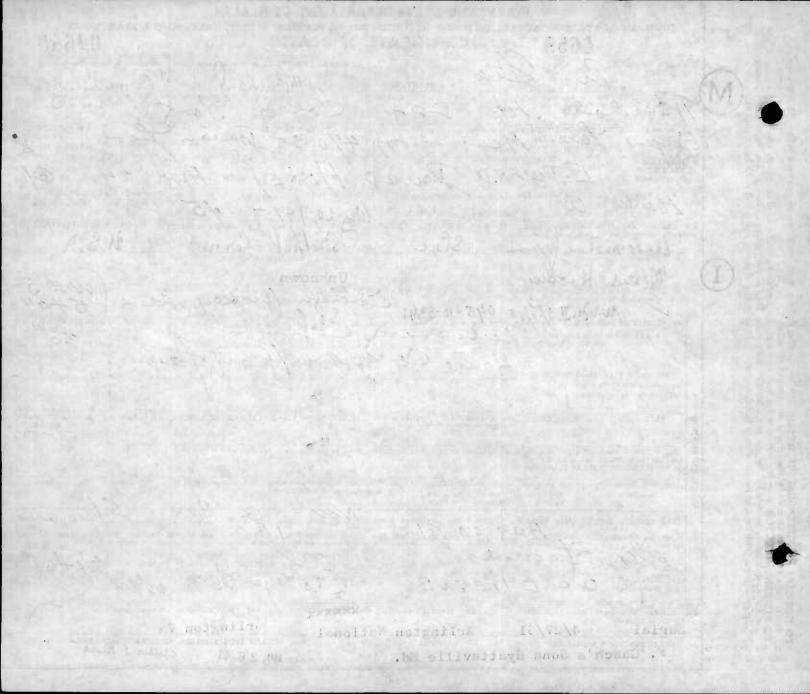
4534	
1. PLACE OF DEATH OUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE b. STATE
B. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  ON A FARM?
Home	2 - TUNESINUI 2/2 YES NO D
3. NAME OF DECEASED (Type or print) Lilie Middle	JUKINS 4. DATE Month Day Year DEATH April 28 1961
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In lears lost birthdoy)  Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kin) of work dane 10b. KIND OF 8USINESS OR INDU during most of working life, evan if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domestic Vomestic	Manyland 4.2.
Francis Fletcher	Mary Brooks
15. WAS DECEASED EVER TN U. S. ARMED FORCES? (Yes, ng. or unknown) (If yes, give war or dates of service)	4th Nickson Bowie
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), opd (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	HOINT FAILURE ONSET AND DEATH
IMMEDIATE CAUSE (a) CONG ESTIVE	VEZ/1 1 41/410 2 40/15
Conditions, if ony, which)	1 100
gave rise to immediate DUE TO	100
lying couse last.	mellitis 15 ma
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YERFORMED?
	D. (Enter nature of injury in Port I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PL Hour a. m. 19 of wark of wark	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote) ctory, street, office bldg., etc.) !
p. m. 19 of wark of wark	
21. I certify that (I) (this hospital) attended the deceased frame	Jely 1853, ta April 28, 1961, that (1) (2) last
	death accurred a 52 M, from the causes and an the date stated above.
220 SIGNATURE	22b. DATE
Orneny a. Wise V	M.D. PHYS.   MED. STAFF PHYS.   412816  SIGNED
22c. PHYSICIAN'S HENRY A. Wise &	r. Bowie, md
23a. 8URIAL, CREMATION, 23b. DATE MEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
GREMOVAL (Specify) 5-13-61 Church of as	cension Bower md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Garnes & mallhour 6619-14 81	DATELAY 1 '61 Chilmy & Thomas



R STATE		ms 20&21 Film 287 MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORD	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
		ASS? MEDICAL EXAMINER	es CERTIFICATE OF DEATH	45
LIN VEPI.		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before et a. STATE b. COUNTY	dmission)
5 7 A		Prince George's MARYLAN c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	Maryland Prince Go	rge
是		write RURAL and give nearest town)		n) - O -
pard,	c	Hyattsville 5 years  1. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. 15 RE	
		3900 Hamilton	ON A	FARM?
Sta		NAME OF First Middle DECEASED	Les DATE Month Dey Yeer	X
ier ine		(Type or print) Ella Callahan	Herring DEATH April 29 18	-
with rs af	5. 3	7. MARKIED NEVER MARKIED	last birinday)   Months   Days   Hours	24 HRS. Min.
T Por	10a.	USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDI	August 10, 1892   68 yrs.	OUNTRY
128	Hon	House Wife Own Home	Maryland U.S.A.	
within		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Samuel Callahan	Emma Long	
it. File event	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1, no, or unkown) (Ifyesgivewarordetesofservice)	17. INFORMANT Address	
any		NO 578-18-3512  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Mr. Daniel W Herring, same as # 2	ACPEN I
and in		BART I DEATH WAS CALISED BY	EDEMA INTERVAL BETY ONSET AND D	
		MMEDIATE CAUSE (a) PULMONARY	1 - DEMIN	-
burial noval,		Conditions, if any, which ) (b) Deployed		
6 9		geve rise to immediate cause	ation due to Placedyl.	
used as		cause last. (c)	<u> </u>	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AT PERFOR	RMED?
	FICA	20a. EXTERNAL CAUSE WAS   2Db. DESCRIBE HOW INJURY OCCURE	ED. (Enter nature of injury in Part I or Part II of item 18.)	NO
00		PRIMARY Or CONTRIBUTING		
should ial, crer	2	CAUSE OF DEATH. Took an overdose	of Placedyl. Was mentally disturbed.	
3 should urial, cred		CAUSE OF DEATH.  Took an overdose of the Communication of the Communicat	PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	Stete)
age 3 should to burial, cren	MEDICAL CE	Took an overdose of the control of t	PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.)  Home  20f. (City or town) (County) (Charles bldg., etc.)  Hyattsville P.G. Md	
OR: Page 3 should prior to buriel, crer		20c. TIME OF INJURY Hour a.m.  4-29- 19 61 at work an overdose of the remains described above	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Infectory, street, office bldg., etc.) Hyattsville P.G. Md	1.
OR: Page 3 should prior to buriel, crer		20c. TIME OF INJURY Hour a.m.  4-29- 19 61 at work an overdose of the remains described above	PLACE OF INJURY (Home, ferm, ferm, factory, street, office bldg., etc.)  Home  Hyattsville  P.G. Md  And in my op  Suicide  Homicide  Undetermined manner	1.
IRECTOR: Page 3 should agent, prior to buriel, cref		20c. TIME OF INJURY Hour a.m.  21. I certify that I took charge of the remains described above death resulted from:  Natural causes , Accident , S	PLACE OF INJURY (Home, ferm, feeth, street, office bidg., etc.)  Home  Hyattsville  P.G.  Md  And in my op  Suicide  CHIEF MEDICAL EXAMINER	oinion
IRECTOR: Page 3 should agent, prior to buriel, crer		20c. TIME OF INJURY Hour a.m.  4-29- 19 61 at work at work 2  21. I certify that I took charge of the remains described above death resulted from: Natural causes . Accident . STATURE  ACTUAL SIGNATURE	PLACE OF INJURY (Home, ferm, feath, street, office bidg., etc.)  Home  Hyattsville  P.G.  Md  Assistant Medical examiner  Date sign	oinion
IAL DIRECTOR: Page 3 should gnated agent, prior to burial, crer		20c. TIME OF INJURY Hour a.m.  4-29- 19 61 at work at work 2  21. I certify that I took charge of the remains described above death resulted from: Natural causes . Accident . SIGNATURE  EXAMINER'S	PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  Home  Hyattsville  P.G.  Md  Assistant Medical Examines  PATE SIGN	oinion
IAL DIRECTOR: Page 3 should gnated agent, prior to burial, crer	WEDICAL 22a.	20c. TIME OF INJURY Hour a.m.  21. I certify that I took charge of the remains described above death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF  BURIAL, CREMATION, 22b. DATE THEREOF  EXAMINER'S NAME (Type)  20d. INJURY OCCURRED While Not While at work  at work  Actual SIGNATURE  EXAMINER'S NAME (Type)  22c. NAME OF CEMETER'  22c. NAME OF CEMETER'  EXAMINER'S NAME (Type)	PLACE OF INJURY (Home, ferm, feath, street, office bidg., etc.)  Home  Hyattsville  P.G.  Md  Assistant Medical Examiner  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  Office bidg., etc.)  Hyattsville  P.G.  Md  Address (Street, city, town, or county)	oinion NED
O FUNERAL DIRECTOR: Page 3 should or its designated agent, prior to burial, crer	TV-122a.	20c. TIME OF INJURY Hour a.m.  21. I certify that I took charge of the remains described above death resulted from:  ACTUAL SIGNATURE  EXAMINER'S  NAME (Type)  James I. Boyd  22c. NAME/OF CEMETER'  8/2/61  Arlington N	PLACE OF INJURY (Home, ferm, factory, street, office bidg., etc.)  Home  Hyattsville  P.G.  Md  Assistant Medical Examiner  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  YOR CREMATORY  22d. LOCATION (City, town, or country)  (County)  (County)  (County)  (County)  (Address (Street, city, town, or country)  (Stete	oinion NED
FUNERAL DIRECTOR: Page 3 should its designated agent, prior to burial, crer	Pt 22a. Bt 23.	20c. TIME OF INJURY Hour a.m.  21. I certify that I took charge of the remains described above death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (7ype)  James I. Boyd  22c. NAME/OF CEMETER' REMOVAL (Specify)  22c. NAME/OF CEMETER'  22c. NAME/OF CEMETER'	PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  Home  Hyattsville  P.G.  Md  And in my op  Suicide  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  Y OR CREMATORY  24a. REC'D BY REGISTRARS  245. REGISTRARS  ACTION (City, town, or country)  [24a. REC'D BY REGISTRARS  24b. REGISTRARS  ACTION (City, town, or country)  [25b. REGISTRARS  [25b.	oinion NED

Lawrence Control effect to a second to the seco 3530 Emillos Les d The state of the s Sance | Marte Source size out the Direction S dec desa gantos Milotado de Sice-11-301; Sectora de S The second secon 72.39.30 incl. Lead is circle is a second to the contract of the cont T.H. Charles T. Co. 1001 The shall hee Hirer ale

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4659 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND L. CITYOR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete mits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 give neares town) ONSTITUTION (if IS RESIDENCE ON A FARM? YES NO D completely papers. NAME OF 4. DATE Year DECEASED OF 19 0 (Type or print) DEATH carbon AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Months and Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY remove done during most of working life, even if retired) attending pt Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= and Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17 TNFORMANT Address loval, (Yes, no, or unkown) | (If yes give wer or dates of servica) the the Willar. T 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETW ONSET AND DEAM à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if eny, which been geve rise to immadiete cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of itam 18.) 20e. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) (Stete) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work el work 21. I certify that (1) (this hospital) attended the deceased from.... 1900, and that death occured at/...! M. from the causes and on the date stated above saw the deceased alive DATE ATTENDING SIGNED STAFF DIRECTOR PHYS PHYS. M.D. death. Page 4 22c. PHYSICIAN'S NAME (Type) director, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY ORXINENATORY (Stete) REMOVAL (Specify) Arlington Va Buria Arlington National 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) . Gasch's Sons Hyattsville Md. DATE APR 2 6 '61 15M 9/60



15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

LEGGO CERTIFICATE OF DEATH

4660

	4660		CERTIFI	CATE	OF DEA	TH		()	4647	7
1. PLACE OF DEAT	гн			2		ENCE (Where d	leceased lived, If i		nce before ed	lmission)
Pr	ince George		MARY			land	b. COUN	Prince C		
writa RURAL e	(if outside corporeta lim nd give nearest lown)	iits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOW	VN (If outside cor	porate limits, write	RURAL and giva	neerest town	1)
$C_{\rm h}$	everly		43 days		30 Lan	ham				
	PITAL OR INSTITUTION			ess)	d, STREET ADDR					FARM?
Prince	Georges Ge		4.4		920				YES	NOX
DECEASED	Firs		Middle		Last	4. DATE OF	Month	Dey	Yaar	
(Type or print)	John		A		Hines	DEATE	i Apri	.1 30	) 19	61
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 8. C	ATE OF BIRTH	15	AGE (In years			
Male		WIDOWE			l Jan. 19	70	last birthdey)	Months Deys	Hours	Min.
10e. USUAL OCCUPA	TION (Give kind of wor	k 110b. K	IND OF BUSINESS OR				r foreign country)	12. CITIZEN C	OF WHAT CO	DUNTRY
done during most of v	vorking life, even if retir	ed)			Mary.			US		
Surveye 13. FATHER'S NAME			31 - W. L.	14	. MOTHER'S MAIL					
Fran	cis M Hine	s		5.79	Elizal	beth Woo	od			
	VER IN U.S. ARMED FO		SOCIAL SECURITY N	O. 17. INI	ORMANT		Address			
(10s, 110, Of Glikowii)	no	361 4166)		Gene	vieve A	Hines I	Lanham,	Marylan	d.	
18. CAUSE OF	DEATH (Enter only on	e ceuse per	line for (e), (b), end (d			-21100		IN	TERVAL BETY	
PART I. DEA	TH WAS CAUSED BY:	M	ASSIVE O	C 7	RIE+ no	410		0	NSET AND DE	EATH
TO1 1	IMMEDIATE CAUSE (e		JUIVE	7-4- 6	JEEEDII	9			3/17/	6/
081.6	DUE TO	-							3 us	2
Conditions, if er	1	)_ EJ	OPHAGEA	C V/7	12100517	165			5	q
(e), steting the	DITE TO	(	TRRHO.	515 (	OFT	HF L	IVER		styr	0.
Z PART II. OTH	ER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEAT	H BUT NOT F	ELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AL	
ATIO									PERFOR	NO T
PART II. OTH  OR CONTRIBUTIN  OR CONTRIBUTIN  OR FETTHER, NOTIF	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURED. (E	nter nature of injury	y in Pert I or Pert	ll of item 18.)			
OR CONTRIBUTION	G CAUSE OF DEATH									
ZOC. TIME OF IN.	JURY Month, Dey, Ye	er   20d.	INJURY OCCURRED	20e. PLACE	OF INJURY (Home,	ferm, 20f. (Cit	y or town)	(County)	(5	Stete)
20c. TIME OF IN.		While		factory	, street, office bldg.	, atc.)				
pini		at wo			5/13		915	1 11		
21. I certify	that (I) (this hosp	ital) atten								
saw the dece	ased alive on	1/2	919 G. L., 8	and that d	eath occured a	17.9.45MM roi	n the causes	and on the d	late stated	above
22a. SIGNATURE	22				ATTENDING	MED	STAFF		/22b.	DATE
10	1	22		M.D.	PHYS.	DIRECTOR [	PHYS.	<	41.21	1.1
22c. PHYSICIAN	Dr. Frede	rick M	lusser. MdI	).	22d. ADDRESS	4410 7	4th Ave.		1-1-	
NAME (Typ	e)					Bel	lemeade,	Md		
23a. BURIAL, CREMA	TION, 236. DATE THE	REOF	23c. NAME OF C	EMETERY OR	CREMATORY		ATION (City, tov		(Ste	te)
REMOVAL (Specific Burial	May 3,		Ft Linco	ln Ce	neterv	Col	20-20-14	Mary	land.	
24 FUNERAL DIRECTO			ADDRESS	001		REC'D BY REGIS	nar Mano			
F. Gasch								Thur S. Ku		
- · uasti	s sons h	iyatts	ville Me	d	DATE	BUTT U		and D. /W	tales	

AS LAW SORD . DO T PRINCIPAL IL HARRISTS . Had to the continue some of the continue of 3719/61 3/12 W 18/30 18 51/2 one all to this to the second of the second Neg 2 2 3 1.14 durant for B, 1981 of Lincoln Constant Column Kalor, Sartland. MARINE L. COLORS OF THE STATE OF . M. antivalled and aluber . 1

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
4 05 0		Z661 CERTIFICATE OF DEATH	Reg. Dist. No. 4648
Page   Page	1.	PLACE OF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If in a straight of the straigh	n: Residence ber admission)
death.	4	b. CITY OR TOWN (If outside corporate limits, write RURAL gad give nearest town) RURAL gad give nearest town) RURAL MERICAN HYALLOWILL GWEEKS WAShington	RURAL and give nearest tawn),
by the	19	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Sells hussing Home for Children 5002 - 12 h	16. IS RESIDENCE ON A FARM? YES NO
illed in es 1 on		NAME OF DECEASED (Type or print) Bertha May Hulbard 4. DATE OF DEATH	nith Day Year 1961
d within	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday)  Percel with widowed Divorced 97760  9. AGE (In years last birthday)  yrs.	Manths Days Haurs Min.
execute an pape deoth.	₹00	during most of working life, even if retired)  Mashington  August 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  Washington	12. CITIZEN OF WHAT COUNTRY?
istiga and ecarban	13.	FATHER'S NAME Douglas B. Hubbard Mary L. Steele	
ng physie remay	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Add (If yes, give war or dates of service)  May 2. Hubbard.	tress above
death ttendi pleas within		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
the a		MMEDIATE CAUSE (o) DUE TO	5 mas
d by mit. any e		Conditions, if ony, which (b)	
gne		gave rise to immediate cause (a), stoting the <u>under-lying cause last.</u> DUE TO  (c)	
physicion. physicion. as been si ial-transit naval, and	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
AN: Ti ending icate h he bur ar ren	CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ARE ALSO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING ARE EXAMINER.)	
PHYSICI of ar affe bis certification, use os emation,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19 20d. INJURY OCCURRED While Nat while at work at work at work	(County) (State)
ADING e hospite : After t ched far uriol, cra		0101136.	that I last saw the deceased
OR ATTEI ned Con DIRECTOR di be deta prior ta bu		ACTUAL SIGNATURE AND TWW A. M.D. 3501 Hamelton	
OSPITAL OF PER LEGINE AND PER LEGISTRON PER		PHYSICIAN'S FRANK M. TROZZO JR Hyallsvelle,	mel
moy be poge 3 the regi	220	BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, REMOVAL (Specify) 4/14/6/20c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, REMOVAL (Specify)	ar county) (Stote)
VS A15.44	23.		ISTRAR'S SIGNATURE
15M 8/58	9	VXV Inc.	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. COUNTY Prince George's County

b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) Takoma Park Takoma Park Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS retained the State B Eastwest Highway Apt. Eastwest Highway Apt. NAME OF DECEASED OF VICTOR (Type or print) WARD HUNSINGER DEATH April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X with 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 2 wit last birthdey) and 2 wi Male WIDOWED [ DIVORCED January 20, 1961 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work Page done during most of working life, even if retired) Pages 1, Peoria, Illinois pages ChildInfant 18. Give Page form PM3\_F 13. FATHER'S NAME Virginia Lee Collins Melvin Frank Hunsinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 951 Eastwest (Yes, no, or unkown) ((fyes give wer or detes of service) Mr. Melvin F. Hunsinger, Highway Apt. 31, Takoma None None Office along w burial-transit p 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Medical Examiner's Office DUE TO (b) geve rise to immediate cause 0 DUE TO (e), steting the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 8 plnous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) fectory, street, office bldg., etc.) Not While While et work et work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held en Autopsy X. Inspection X. Inquiry X Natural causes X death resulted from: Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES I. BOYD, M. D. NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION 22d, LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Burial Spring Bay Cemetery Spring Bay, Woodford Ctv ۵ 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Riverdale, Maryland. | DATE APR 17'61 W. W. CHAMBERS CO.. arthur . f. Krains

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM

19 61.

IF UNDER 24 HRS

INTERVAL BELWEEN MOL

19. WAS AUTOPSY PERFORMED?

and in my opinion

DATE SIGNED

1961

(State)

(County)

NO

(State)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

YES NO

5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

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death. Page 4 page

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death

TATING OF STALLIE

SOURCE ATA DULCE EASE 39 PER 10 MIN C. MARRINGTON

WEAR GOSS, ANDELDER OF STRYLEIN IZ. L VALLEY VIEW, S. E.

21 APRIL 1961

MODEL FAIRLAND SAME AS IT 2 02

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WATER THE THE CONCERNATION . THE THOME

SHEARAGHMOIC BOURREAGE, MODERATERY SEVERE

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PRICENTAL E HARTON, CHIT WARE NO CEAR HOSE, ABBREICH ATR FORCE MASE, MD.

From So Mile State

# FOR STATE HEALTH DEPT. r. Page files. with the State Board TO DEPUTY M. CALLEXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dill 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages And 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 77 barrs after death. 40 VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	L	664 N	EDICA	L EXAMIN	IER'S	CERTIFI	CATE C	F DEAT	(H	04	651	
	CE OF DEAT	TH				2. USUAL RE	SIDENCE (Who					
a. C		ce George	1 e	MARY	LAND	a. STATE	Maryland	b. 1	COUNTERIN	ice Ge	eorge	Is
	ITY OR TOWN	(if outsida corporat	a limits,	c. LENGTH OF STA		c. CITY OR T	OWN (If outside					
	everly	nd giva naarast tow	n)	D.O.A.		Hyati	tsville					
d. N	NAME OF HOSP	PITAL OR INSTITUTI	ON (if not in he	ospital, giva straat add	ress)	d. STREET AD	DDRESS					SIDENCE
Pr	rince Ge	eorge's G	eneral	Hospital		5722	39th Av	enue				NO A
3. NA	ME OF		First	Middla	- (1	Last	4. DA	TE	Month	Day	Yeer	Led
(Тур	CEASED pa or print)	Carolyn		Ette	Hyde		OF DE	атн А	pril	2	196	
5. SEX		6. COLOR OR	RACE 7. MARR	IED ANEVER MARRIE	ED 8.	DATE OF BIRTH		9. AGE (In last birth		R 1 YEAR	IF UNDER	
F'en	nale	White	WIDOW	ED DIVORCE	D	May 31.	1900	4 .	yrs. Monins	Days	Hours	Min.
		TION (Giva kind of vorking lifa, avan if		KIND OF BUSINESS OF				n country)	12.	CITIZEN O	F WHAT C	OUNTRY
~	ecretar		D.	C. Govern	ment	Distr	ict of C	olumbia	·	J. S.	A.	
	THER'S NAME					14. MOTHER'S M	AAIDEN NAME	7 7 1				
CI	laude T	homburg			100	Clara K	KWWX BI	remerman				
15. WA	AS DECEASED E	VER IN U.S. ARMED	FORCES?   16	SOCIAL SECURITY N	10. 17. IP	NFORMANT	NO DIEDE	A	ddress			
(Yas, no	o, or unkown)	(If yas giva war or dal	las of servica)		Ge	orge Rog	er Hyde,	same a	is # 2			
				lina for (a), (b), and (	c).)					INT	ERVAL BETY	WEEN
E S		TH WAS CAUSED	BY:	Acute cons		a heart	failure			ON	SET AND D	EATH
	11201	IMMEDIATE CAUS	SE (a)	were conf	CEUTA	e near .	1011010					
	770.1	DU	E TO							-0.0		
	nditions, if an		(b)	Coronary a	rteri	al heart	_disease	9				
	va risa to Imma ), stating the	> D1	JE TO									
	use last.		(c)	A PROPERTY.								
Z	PART II. OTH	ER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE	TERMINAL DISE	ASE CONDITIO	N GIVEN IN PA	ART 1(e)   19	. WAS A	
Ĕ										Y	PERFOI	NO T
CERTIFICATION OF STATE OF STAT	a. EXTERNAL C	CAUSE WAS	2Db. DESC	RIBE HOW INJURY OF	CCURED. (En	nfar natura of injur	y in Part I or Par	t II of itam 18.)				
PRI PRI	MARY OF C	ONTRIBUTING [										
			V 1004	INJURY OCCURRED	DO BLAC	or bulley (N-	(   20)	1611	10			C. 1.3
WEDICAL 20	Hour a.m.		Whi	laNot Whila		CE OF INJURY (Ho ry, street, office bl		(City or town)	(C	ounfy)	(.	Stata)
×	p.m.		19 at we	ork af work								
21.	. I certify	that I took char	ge of the re	mains described al	bove, held	d an Autopsy	, Inspec	tion, l	nquiry ,	and	in my op	oinion
de	eath resulted	from: Natur	al causes 🛣	, Accident	, Suicio	de , Hom	nicide ,	Undetermin	ed manner			
	(				1	CHIEF ME	EDICAL EXAMINE	IR 🗍		1000		
	CTUAL		, 0	1	1	ASSISTA	NT MEDICAL EXA	AMINER [		D.	ATE SIG	NED
SI	GNATURE_	1m	1~ >			M.D.	MEDICAL EXAMI		SApril			
	KAMINER'S	1-	~ ~	i i				- Carrier	OWDITT	~, 1	. / U_	
	IRIAL, CREMATI	James	THEREOF	22c. NAME OF CEA	METERY OR		(Streat, city, tow)	OCATION (City,	fown, or coun	tryl	(State	1
Burg	MOVAL (Spacif	4/4/		Glenwood			440				(0.010	
			-	ADDRESS	Oenle		4a. REC'D BY RE	hington			In C	
2.3	Coash	's Sons	Umntta	ville. Md		24						
	Gasch	SPONS	nvatts	ATTIE MG			APR 6	0	Carthur	X The	ALLA	

Instantant and instant T.O.A. Reiner George Denored With Let. 19th Avenue avel a same of the same of 1001 ,15 vil. 51, 1900 Secretary 1 . C. Covernuest Cierrics of Solimbia por removal vitracil radio Merres Tener Pole, men an Still tell droat grift joyico ocupo week 15 From Intract, or Here's EC STREET STREET, STRE unried deliver the production of the contract . Lawer's bond Tydysavetie, old a newal .

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 the pereinned by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages rand 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALT

MAK	TLAND STATE DEP	AKIMENI OF	NEALIN	
DIVISION OF STATISTICAL RESE	ARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	MARYLAND
4665	CERTIFICATE	OF DEATH		0105

	U\$0.74
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
PRINCE SEORGES MARYLAND	o. STATE Md. b. COUNTY PRINCE SEARCIES
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town)	05 01/817 N 15
RIVIER DALLE I MONTHES	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  ON A FARM?
	S 9 06 / A 7 ZOM MO IN
3. NAME OF First Middle	Last 4. DATE Month Dey Year
	DEATH 4 2/1961
5. SEX   6. COLOR OR, RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	10 - 29 - 1893 (67 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)	7 DENN.
HOUSE WIFE 212-16-269	I PENIV. U.S.A.
13. FATHER'S, NAME	14. MOTHER'S MAJDEN NAME LAJE / A'IER T
John Alexad CTOVEN	ANNA STOURS.
John Miles	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unkown) (Ifyesgivewerordetesofservice)	INFORMANT Address
	MLD JOHNSON 5906 TAYLOR RC.
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	RAUNTER DATE
DADY L DELYWAS CALLED BY	ONSET AND DEATH
IMMEDIATE CAUSE (0) CATH CIN DYN H	OF GALL BLADDER 2 MONT
155- DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause  [a) stating the underlying DUE TO	
tel, stelling the underlying	
(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
	YES NO
	ED. (Enter nature of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
Hour a.m. While Not While et work et work	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	2/19, 19, to 4/2/, 196/, that (I) (we) las
saw the deceased alive on 4/20196/, and the	at death occured 2:
220. SIGNATURE	22b. DATE
1	ATTENDING MED. STAFF /// SIGNED
10 5 Hara	M.D. PHYS. DIRECTOR PHYS. 4/2/07.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typo)C. GEORGE. HARDY	6827 ANNAPOLIS RD. HILL IN
	[7](th) Ft)
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial Apr. 23.1961 Fairfax	Fairfax, Virginia
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS Fairfax. V	Virginia con a 4 to 4
By (V)/Lest Ver.	Virginia DATE APR 24'61 Oathur & Trave

CARL CARL Female Water = 2 2 1873 17 (I) John Alexad THE PROPERTY STATE OF THE PROPERTY OF THE PERSON OF THE PE The state of the s Inches Ann. 23, 1961 - Siriar Santania and Anniches and A

VR A15 (4) 15M 9/60

iQ.

24 hours after

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14653

										() -	.000		
1.	PLACE OF DEATH				2.	USUAL RESIDE	NCE (Where	deceesed lived, If		sidence	e before a	admission	
	Pr	rince George	es	MARYLAND		a, SIAIL	D. C.	D. COO.			100	-	
1	b. CITY OR TOWN (if	foutside corporete limits give naarast town)	,	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	N (If outside c	orporate limits, writ	RURAL and	give n	earest tov	vn)	
	and 100	le (rural)		12 days			Washi	ngton		4	13	X - '	
1			not in hos	pitel, give street eddress)	-	d. STREET ADDRES	SS					ESIDENCE	
	Glenn Da	le Hospital					2020 20	Oth St.	S. E.		YES K	A FARM?	
3.	NAME OF DECEASED	First		Middle		Last	4. DAT			Dey	Yee	r	
	(Type or print)	Jac	ckie	L.	Joh	nnson	DEA	TH )	8		19	61.	
5.	SEX			D NEVER MARRIED		ATE OF BIRTH		9. AGE (In yeers	IF UNDER 1 Y	EAR	IF UNDER	-	
	Female	White	but	separated		6/25/18		last birthdey)		eys	Hours	MIn.	
10		ON (Give kind of work		IND OF BUSINESS OR INDUS	TRY   1	1. BIRTHPLACE (Co	nunty & State	44	←   a	EN OF	WHAT	COUNTRY	
de	one during most of wo	rking life, even if retired	)	110 C1 003114E33 OK 114D03	IKI			or foreign country,			WIIAT C	20011177	
	ousewife			pm		Colora			US	SA			
13	. FATHER'S NAME				14.	MOTHER'S MAID	EN NAME						
	James Mann	ALVER THE STATE OF				Laura	Petts						
15 (Y	. WAS DECEASED EVI	ER IN U.S. ARMED FORCE	ES?   16.	SOCIAL SECURITY NO. 17.	INF	TNAMSC		Address	1				
1"	Unknown		4	cnown (lost)	De	ecedent							
	18. CAUSE OF D	EATH [Enter only one				00000110					ERVAL BET		
	PART I. DEATH	H WAS CAUSED BY:	Lagar	oole einmheei		£ +h= 1:-			h 3		SET AND		
	C. C		Laein	nec's cirrhosi	LS	of one II.	ver, oe	compensa	Lea	_UI	nknov	m	
	301	DUE TO											
	Conditions, if eny, which (b)												
	(e), stelling the underlying DUE TO												
	causa last. (c)												
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?												
Ę	Bronchop	neumonia, 1	eft 1	ower lobe; ch	ror	ic alcoho	olism			YES TO NO TO			
CERTIFICATION	20e. ACCIDENT WA	AS UNDERLYING		CRIBE HOW INJURY OCCUR				rt II of item 1B.)		-	-00.3		
CER.	OR CONTRIBUTING	MEDICAL EXAMINER)											
1	20c. TIME OF INJU		r   20d	INJURY OCCURRED   2De, PI	LACE	OF INJURY (Home, f	ferm. ' 20f. (	City or town)	(Count	tv)	-	(State)	
MEDICAL	Hour e.m.		While	Not While fa		street, office bldg.,							
X	p.m.	19	at wor			71		1 10 1					
	21. I certify th	hat (I) (this hospita	al) attend	ded the deceased from	n3	/.27./	3.1997.	to4/8/	, 19.6	ol, th	nat (I)	(we) las	
	saw the deceas	ed alive on4.8	/	19.61, and th	at de	ath occured at	ДМ, fr	om the causes	and on th	e da	te state	d above	
	22e. SIGNATURE	1	.1	The state of the s								b. DATE	
		IIH I	Mas	1/	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			4/8/	61 SIGNE	
	22c. PHYSICIAN'S	The contract of	-00		171.10	22d. ADDRESS	Clan		enital		-1/ -/		
	NAME (Type)	Moe Weiss	, M.	D.		11 11 11 11		n Dale Ho	- de	-			
-	BUDIAL CREMATI	ON, 236. DAJE THER		23c. MAME OF CEMETER	Y OP	CREMATORY	234 1	n Dale, I	wn or county		15	State)	
23	MOVAL (Specify)	11/27	The	11/	407	7.0	SN	note:	1=	D	). C		
_	umber	V 1114	41	100	-01	0	7500	www	yun	U	1	- 1	
124	FUNERAL DIRECTOR	'S SIGNATURE	VA	Man In aski	not	TO AND	REC'D BY REC	GISTRAR 25b. RE					
1/	MAR I VEL	WMJ.	4 4	The state of the s	Ш	11 TA DATE	APR I	01	Irthur S.	Tha	MA		

20.00 (Intra) of me mer districted in the state of the horneste characte of the direct beach to man for the contract of the co Represed Hisper Darieranes Ment Their will be the will be MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE REPORT OF THE PROPERTY OF	
TOTAL CERTIFICATION OF DEATH	
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# FOR STATE HEALTH DEPT.

. Page cessary, files. TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute by certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

468 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4655

1. PLACE OF DEATH	d.		2. USUAL RESIDE	ICE (Where daceasa	d livad, If Institution	on: Residence	before edmission)
a. COUNTY	NCE GEORGE'S	MARYLAND	a. STATE	CT/AATO	b. COUNTY	באזרידי ר	EORGE! S
b. CITY OR TOWN (	if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete			and the second state of the second
	give neerast town) REST HETCHTS	3.0	17 11110	wasm tratou	ma		
	TAL OR INSTITUTION (if not in	hospital, give street eddress	d STREET ADDRESS	REST HELGH	TS	1	. IS RESIDENCE
						4934	ON A FARM?
5845 -	28th. AVENUE	Middle	5845 -	28th., A	Month		YES NO.4A
DECEASED		A CONTRACTOR OF THE PARTY OF TH	LEST THE AIR	OF		Dey	Yeer
(Type or print)	MONROE	JAMES	KELLEY, SR.	DEATH	APRIL	15,	1961
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	. DATE OF BIRTH	last	E (In years   IF UND birthdey)   Month		Hours Min.
MALE		OWED DIVORCED	OCT. 12th	1.1897 6			Mill.
10a. USUAL OCCUPAT	ION (Give kind of work 10 prking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stete	or foreign country)	12.	CITIZEN OF V	WHAT COUNTRY?
TTO . TO	PMENT OPERATOR	CONSTRUCTION	ARKAN	ISAS		U.S.	A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN				446
ALFRED	KEILLEY	unk	nownHOLLEY	1			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I			Address		
NO (Yes, no, or unkown)	fyesgive werordetes of service)	700 00 6050 Mm	בא לאו לאו	7	Como	- 42	
	EATH [Enter only one cause ]	702-09-6953 Mr;	s. Edith Kel	rey	Same a	as #2	VAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	at to	20 0000	o P.	. 1.		T AND DEATH
1100	IMMEDIATE CAUSE (a)	venue co	register	nec	to to	Lun	2
720	DUE TO	0	は、ナ	20,00	1 6	.0	
Conditions, if any	(5)	Corona	7	meral 1	iaur	cae	ore
(a), steting the u	DIJE TO						
cause lest.	) (c)						
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	DITION GIVEN IN P	ART 1(e) 19.	WAS AUTOPSY PERFORMED?
3						YES	NO
PART II. OTHER  OF PART II. OTHER  20e. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.		SCRIBE HOW INJURY OCCURED. (E	inter neture of injury in Pa	irt I or Part II of item	18.)		
20c. TIME OF INJU			CE OF INJURY (Homa, far		wn) (	County)	(Stete)
Hour a.m.		While Not While tech	ory, street, office bldg., at	5-1			
P.1111	.,,	remains described above, he	ld an Autopsy .	Inspection X.	Inquiry 🔽	and in	my opinion
death resulted 1		Accident . Suici			rmined manner	_	пту орилоп
dodni rosomod	7		CHIEF MEDICAL		minos mamper		
ACTUAL	1 - 1	9			7	20.00	
SIGNATURE	amer	V. I your	M.D.	DICAL EXAMINER		DAT	re signed
EXAMINED'S	TAMBE T D	מון מער		AL EXAMINER IX	A	PRIL 1	5th.,1961
NAME (Type)	JAMES I. BO	22c. NAME OF CEMETERY OR		city, town, or county	y)		
22a. BURIAL, CREMATIC REMOVAL (Spacify)	)			22d, LOCATION (			(Stata)
Burial	4/20/1961	Dexter Kemeter			uff, Ark.		-
WWW.Chamber	s Co., 51711	th St.S.E.Wash.Do	24a. RE	C'D BY REGISTRAR	24b. REGISTRAR	S SIGNATURE	
		on sold wash. Do	DATE	PR 1 8 '61	arthur	S. France	

Column States EDOZE TOTAL . Hay of STOTAL SEPTEMENT SOS - SOS. AVENUE - COS - COS - COS - COS AUTHOR - TOWN CONTRACTOR OF AUTHOR 13, COM 1201, 1201, 1897, 1997, TATE SOUTH THE LOCAL PROPERTY OF THE TOTAL P CALLED A WARRANT OF THE CALL THE THE Consider the first of the first of the their meet allowing self self to take I. Kup, V.I. The second of th A.T.A.I. BULLETS .. on Madwell.

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50 TO HOSPITAL OR AFTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pag	Ī	10		the Stote Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.
VR 15	A	9/5	(4)	

	7.000	DIVISION O	F STATISTICAL RESEA	ARCH AND		MORE 1, MAR	YLAND		
	1669	T+om 2	CERTIF	FICATE	OF DEATH	i sale		0.	4656
a. COUNTY	INCE	GEORG	E MARY	YLAND 2.	usual residence (Wa. STATE	here deceased live	d. If institution: b. COUNTY	Residence befo	are admission)
RURAL and gi	ve regarest town)	porote limits, write		'IN 16 0/	0 1 0 0 0 0	mile carporate i	mits, write RURA	Land give ne	1, med
, OR INSTITUTI	SPITAL (IT not in	haspital, give stre	et address)	4	4408 gu	eenbaru	1, Rd		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	(	Pirst	Charel	es T	RCheval	4. DATE OF DEATH	Manth 4	- 6	y Year 19 €
S. SEX	6. COLOR	ite WIDO	RRIED NEVER MARRI	ED 🗌	7-30-	85 10	st birthday) N 7 5 yrs.	anths Days	R IF UNDER 24 HR Haurs Min.
during most af	warking life, eve	d af work done 10 n if retired)	b. KIND OF BUSINESS (		Va		′)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME	Rche	val	John W		4. MOTHER'S MAIDEN	lier F	+NN	Sto	11c
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. A	RMED FORCES?	6. SOCIAL SECURITY NO	). 17, <b>INFO</b> I	Wife		Address	_	
The second secon	DEATH Enter of DEATH WAS CA		lipe for (a), (b), and (c)	•]				<b>8</b> 2	TERVAL BETWEEN
	o X if ony, which )	DUE TO	replus	>ele	esis			0	huice
	ta immediate ting the <u>under-</u> ast.	DUE TO	muchial	tul	a robell	iatis.			lewin
ZOO. ACCIDEN OR CONTRIBU	OTHER SIGNIFIC	CANT CONDITION	S CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERA	AINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO
	WAS UNDERLY TING CAUSE O TIFY MEDICAL EX	OF DEATH	escribe how injury o	OCCURRED. (E	inter nature af injury in	Part I ar Part II a	f item 1B.)		
20c. TIME OF II Haur a		Whi	. INJURY OCCURRED ite Not while vark at wark	20e. PLACE factory	OF INJURY (Hame, far , street, affice bldg., e	m, 20f. (City ar to	awn)	(Caunty	r) (State
-	that (I) (this		nded the deceosed		h accurred and	M, from the	causes and		hat (1) (we) lo
22a. SIGNAT)	RE LINE	Q. Mlun	eins	M.D	ATTENDING	AED S	TAFF HYS.	sulle.	19 19 SIGNE
22c. PHYSICIAI NAME (Ty			U .		22d. ADDRESS	Muy	Lun		
23a. BURIAL, CREM REMOVAL (Spe Burial		7-61	23c. NAME OF CEN Lean 14	METERY OR CI	Buryrlls	23d. LOCATION	(City, town, or o	county)	va.
24. FUNERAD DIRECT	TOP'S SIGNATU	Cond	ADDRESS UN-Ber	rypi	11 29 DATE	APR 7 '61	25b. REGISTR	AR'S SIGNATU	JRE
	()			U	1			2. 10	peright.

Levertele adjusts the large of the second secon Commission 44 The same of the other cases, and the same States

VR A15 (4) 15M 9/60

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

m 5 Film 6287 5	715/61 -iwle		45067				
	2. USUAL RESIDENC		on: Residence before admission)				
MEDVIEND	a. STATE	b. COUNTY					
	c. CITY OR TOWN (If	outsida corporete limits, write RURAI	end give neerest town)				
			5 = 4 - 2				
	Fhiladelr	phia 19	e. IS RESIDENCE				
in nospiler, give sireer address/	O. STREET ADDRESS		ON A FARM?				
1	721 Ea	ast Phil Ellana S	t YES NO				
Middle	Lasf	4. DATE Month	Dey Year				
ea Knup		DEATH Annil	5/ 19 67				
	DATE OF BIRTH	9. AGE (In yeers IF UND					
	0/2/25	est binnoey) Month	as Days Hours Min.				
	Y   11, BIRTHPLACE (County	y & State, or foreign country)   12.	CITIZEN OF WHAT COUNTRY?				
			11 S.A.				
own home			7,1011				
en							
? 16. SOCIAL SECURITY NO. 17. I	NFORMANT		0. 7 1				
H	populal a	sends there	rey, mi				
se per line for (e), (b), end (c).]		,	INTERVAL BETWEEN ONSE AND DEATH				
Cerebro. Os	Cala ac	eiller	OKS THE SERVICE				
core free as	Levo VPKI	crops	user				
gave rise to immediate cause							
becarles in ca	· Mob chan Our	la N. La					
(c)							
ISYCONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN I	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO				
b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in P	art I or Pert II of item 18.)					
			(County) (State)				
AA IIII TAOL AA IIII A	ory, street, office bldg., etc.)						
	U.S. E.	-11 4.5.	20/1 1 1 1 1 1 1 1				
attended the deceased from							
19&./, and that	death occured at.I	WWF From the causes and c					
^	ATTENDING M	ED. STAFF	22b. DATE SIGNED				
Will M	.0.	RECTOR PHYS. Apr	ril 5, 1961				
	22d. ADDRESS						
THI	Hyat	tsville, Md.					
23c. NAME OF CEMETERY	OR CREMATORY Cemeling	23d. LOCATION Scity, tower orre	ountyt (Systa)				
		A.					
/ ADDRESS	25a. REC	D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE				
	Middle  Ra Knup  AARRIED   NEVER MARRIED   8.  DOWED DIVORCED   10b. KIND OF BUSINESS OR INDUSTR  OWN home  IN	MARYLAND  c. LENGTH OF STAY IN 16  tin hospitel, give street address)  c. CITY OR TOWN (IF  Fhiladely  d. STREET ADDRESS  TOWN AARRIED  DOWED  DIVORCED  10. KIND OF BUSINESS OR INDUSTRY  OWN home  Switzer  14. MOTHER'S MAIDEN N  Frederic  16. SOCIAL SECURITY NO. 17. INFORMANT  OF 16. SOCIAL SECURITY NO. 17. INFORMANT  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  Cere from Carollo Carollo  See per line for (e), (b), end (c).  ATTENDING  PHYS.  ATTEN	2. USUAL RESIDENCE (Where deceased lived, If Institution S. STATE   D. COUNTY				

CALLOSE HOURS OF SEC. exilia exilia Localmo da con conici J # 11 - J - 27 No. of the control of 51 x en El / L/ 3 bandanaj we shine and shine kan total, beiragina benedi perseni galifica four to the state of the state think his day pages the or product the

### FOR STATE HEALTH DEPT.

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral did a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you be the property of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04657

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where daces	sad lived, If Institution, Re	esidence before admission)
Prince George's	MARYLAND	a. STATE Maryland	b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporat	a limits, write RURAL end	George's
Cheverly	D.O.A.	Mt. Rainier		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
Prince George's Ganefal H		3364 Chillum Roa		YES NO
DECEASED	Middla	Last 4. DATE OF	April 8	Day Yaar
Margaret	Ann Konosky		_	17-
5. SEX Female   6. COLOR OR RACE   7. MARRIER   WIDOWER	- X		GE (In years IF UNDER 1 Y Months Di	EAR IF UNDER 24 HRS.  Bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life area if artised)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	1)   12. CITIZ	EN OF WHAT COUNTRY
Student Pub.	lic School	Pennsylvania	II.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		21.
Carl Andrew Konosky		Mary Louise Thom	as	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) (Ifyasgivawarordatasofservica)	SOCIAL SECURITY NO. 17. 11	NFORMANT	Address	
200	one Car	rl Andrew Konosky, s	ame as # 2	
18. CAUSE OF DEATH [Enter only one cause per li	na for (a), (b), and (c).]		11 10	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ERE EDEMA	OF BRAIN AN	9	ONSET AND DEATH
334X DUE TO	SPINAL			(00) E
Conditions, if any, which (b)				
(e), stating the underlying Cause last.				- 43°
	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON  208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTIONS CONTRIBUT	BE HOW INJURY OCCURED. (E	nter nature of injury in Part I or Pert II of item	n 1B.)	110 0
20c. TIME OF INJURY Month, Day, Year 2Dd. II Hour a.m. While at work	Not Whila facto	CE OF INJURY (Home, farm, 20f. (City or ry, street, office bldg., atc.)	town) (Count	y) (Stata)
21. I certify that I took charge of the remaining	ains described above, hel	d an Autopsy 😿 , Inspection	Inquiry ,	and in my opinion
death resulted from: Natural causes ,	Accident , Suicio		ermined manner	
		CHIEF MEDICAL EXAMINER	23	
ACTUAL SIGNATURE CONCEV	Il Some	M.D. ASSISTANT MEDICAL EXAMINER [		DATE SIGNED
EXAMINER'S NAME (Type) James I. Boyd		DEPUTY MEDICAL EXAMINER  Address (Streat, city, town, or coun	April 8,	1961
	22c. NAME OF CEMETERY OR		(City, town, or country)	(Steta)
23. FUNERAL DIRECTOR	ADDRESS 1	24a. REC'D BY REGISTRAR	1 24b. RFG STRAR'S SIG	NATURE
Kalley's Freneral Ho	me mer, Kan	DATE APR 12'61	Erthur S.	
) In	- //	a.		

the alesson bearing - Indicate Charles in a limit of the control of Thanto's end of themself December 18, 1950 St. Emblic Johnsl. The second section of the second seco The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Page b. COUNTY Prince Georges files. Maryland Prince Georges County MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) D.O.A. Riverdale Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE o Boar ON A FARM? and 3 to the funeral Prince Georges General Hospital retained he State B 6109 Mustang Place YES NO death. NAME OF Middle DATE Month Year DECEASED with the LANGE AUGUST THOWTG (Type or print) DEATH April 61. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5 may d d 2 with last birthday) White WIDOWED DIVORCED March 30. uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, s. Office along with form PM3. Page 5. Wish-transit Bermit. File pages 1 and B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) US. A Owner, Resturant, Ret. Meriden. Connecticut Resturant pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hilda Vadapole Ferdiand Lange 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 2701 R Street S.E. (Yes, no, or unkown) | (ffyesgive werordates of service) Mr. Ferdiand W. Lange. No Wash. D.C. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Coronary arteriosclerosis Conditions, if any, which (b) gave rise to immediate cause "pending" DUE TO (a), steting the underlying Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? certificate, writing the word rded to the Chief Medical ECTOR: Page 3 should be NO. J-20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS to the Ch. Page 3 sh. burial, c PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work - at work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Accident Suicide Homicide Undetermined manner Natural causes 1 CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE O DEPUTY EXAMINER'S 1961 JAMES I. BOYD. M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b. ws m (State) sem REMOVAL (Specify) 240 P uria 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME arilar S. Traus 5M 7/59

Prince Cookers THE STATE OF THE S charaty in the a chara. Prince Occase Canonil Howards - 6109 Sentence Piete XECT OF STATE 77 (1812) 72 edidi edij Comer, Restarrint, Let. Instinget | Hordden, Commechicat Strik and Lutile CYNTER SERVER BUT Marine Mr. Kaniferia I. Lenge, x x ( x ... A STATE OF THE STATE OF ance coperative ingred that the minoralización material Del S from 

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MARYLAND	STATE	DEPALT

HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	4673		CERTIFIC	ATE (	OF DEATH				0465	59
1,	PLACE OF DEATH			2.	USUAL RESIDEN	CE (Where de			nce before ad	mission)
	PrinceGeorges		MARYLI	RAID	o. STATE Mary	l and	b. COUN	rince Ge	Onces	
-	b. CITY OR TOWN (if outside corporete lim	nits.	c. LENGTH OF STAY		c. CITY OR TOWN (					)
	writa RURAL and give nearest fown)	,,,,		-	0					
	Cheverly		4 hrs		Hill				10.000	
>	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hos	pitel, give street eddress	s)	d. STREET ADDRESS				e. IS RES	FARM?
	PrinceGeorges Ge	neral	Hospital		620	L S	t.		YES 1	NO 🗌
3.	NAME OF Firs	f	Middle		Last	4. DATE	Month	Day	/ Year	
19	(Type or print)		77		7	OF DEATH	A	2 0	10/	7
- 5	Eaby	F1	Воу	- I 9 D4	Lee	1	AGE (In yeers	IF UNDER 1 YEAR	196	24 HRS.
٠.	U. COLOR OR RACI	7. MARRIE	D NEVER MARRIED	pc	AL OI BIRTH		last birthday)	Months Days	Hours	Min.
	Male White	WIDOWE	D DIVORCED	0 9	April 1961		yrs.			
10	one during most of working life, even if retir	rk 105. K	ND OF BUSINESS OR II	NDUSTRY 1	1. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CITIZEN	OF WHAT CO	DUNTRY?
0.	3.7	00)			Manueland			TT G A		
13	NONE			1 14.	Mary Land	NAME		U.S.A		
	Charles					Gaylord				
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FO (es, no, or unkown)   (Ifyesgivewerordatesof	RCES? 16.	SOCIAL SECURITY NO.	. 17. INFO	DRMANT		Address			
	37		None	1	Mother	Same				
-	18. CAUSE OF DEATH [Enter only on	a ceuse per l	ine for (e), (b), end (c).	1	-71	1)			TERVAL BETY	
	PART I. DEATH WAS CAUSED BY:				aleles	class	4	0	NSET AND DE	AIH
	IMMEDIATE CAUSE (8	)				17				
	162.5 DUE TO				(tapes	lun	/_			
	Conditions, if eny, which ) (b	)			Them	- cun	9			
3	gave rise to immediate cause (a), stating the underlying  DUE TO									
	cousa lest.	,								
z		-	TRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AL	JTOPSY
음									PERFOR	MED?
S									YES N	10 1
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		CRIBE HOW INJURY O	CCURED. (En	ter neture of injury in	Pert I or Pert II	of item 18.)			
U	(IF EITHER, NOTIFY MEDICAL EXAMINER	)								
3	20c. TIME OF INJURY Month, Day, Y	eer   20d.	INJURY OCCURRED   2		OF INJURY (Home, fer		or town)	(County)	(5	State)
MEDICAL	Hour a.m.	While	Not While	factory,	straet, office bldg., etc	c.)				
×				- 0	A	1 (5	-			-
	21. I certify that (I) (this hosp									
	saw the deceased alive on	Apr.	19010, an	d that de	ath occured at 4.	A. William	the causes	and on the		
	220. SIGNATURE	) /.	-		ATTENDING	MFD.	STAFF	12000	22Ь.	DATE
	June Ju	1/ks	1	M.D.		DIRECTOR	PHYS.		4-10-6	IGNED
L	22% PHYSICIAN'S			711.01	22d. ADDRESS 5	301 110	milton S			-
		n Perk	ins. M.D.					T.		
=			123c. NAME OF CEN		Н	yattsvi	ATION (City, to		(Sta	A-)
23	38. BURIAL, CREMATION, 23b. DATE TH							3 00	(318	па)
	Cremation 4/17/	51	Pr.Geo.Ge	neral	Hospital	Cheve	rly, P	i.County	Md.	
2	FUNERAL DIRECTOR'S SIGNATURE	1.8	ADDRESS	1	25e. RE	C'D BY REGIST	RAR 256. RE	GISTRAR'S SIGN		
IH	IARNY W. PENT WELL	7 10	ton	11	DATE	APR 18'	01	Tothur S. +	Traces	
-		/	1	10	, /					
	2017215 XVO									

46 -100H 600 1750 fallon O Largenst Backerston by W. Eogli with M. . To Implement Aug. .L. . dominant a moto . Il . D. attevatas die 16 com D. 500 cycl J. Lange Market . A KONTE TO HOSPITAL A ETTENDING PHYSICIAN: The law requires that the death vertified to the hospital or attending physician.

TO FUNERAL L. ACTOR: After this certificate has been signed by the attending physician and completely filled it is directly, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4674 OACCO

TO S Y				02000			
)1. PLACE OF DEATH *. COUNTY INCE. George	MARYLAND		land b. coul	institution; Residence before admission; NTY ICE GEORGE			
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16						
d. NAME OF HOSPITAL OR INSTITUTION (if no Prince George General		d. STREET ADDRESS	anar A	a. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF First	Middle	lest	4. DATE Mont				
(Type or print) Margaret		Lemke	OF APPI	2 06 /2			
Femal White w		Apr. 20, 188	9. AGE (In yeers last birthdey) 76 yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun		US A			
13. FATHER'S NAME		14. MOTHER'S MAIDEN					
Thomas P Davis			? Her	bic			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)   (Ifyes give war or dates of service)		INFORMANT	Addres				
no		njamin R Le	mke Cheverl	y, Md.			
18. CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	se pseline for (e), (b), and (c).]	cardial,	infriction	INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if eny, which (b)	lechen	N. Cor	many an	terry 4 days			
gava rise to immediate cause (a), stating the undarlying causa lest.	Typertensivo	arterise	levote Cara	horsena 10 yr			
PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO NO			
PART II. OTHER SIGNIFICANT CONDITION  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in I	Pert I or Pert II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour e.m. 19		CE OF INJURY (Home, ferm ory, street, office bldg., etc.		(County) (Stata)			
21. I certify that (I) (this hospital) saw the deceased alive on.			19 6/ to Apr. 20	nd on the date stated above			
22a. SUNATURE	//	ATTENDING	AED. STAFF	4/20/622b. DATE SIGNED			
22c. PHYSICIAN'S NAME (Type)	KAUFFMAN)	D. PHYS. D. 22d. ADDRESS 5	BLADER	ISBURG MB			
238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) April 24,	23c. NAME OF CEMETERY		Arlington				
Burial 24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE			
F. Gasch's Sons . Hy	vota Ville. Mary	land DATE AF		rthur S. Frank			

etuismod. Limit cont dargered or met soners OSCIB TE Cours (00 store) brief want oic' ic of the value of the state of th The state of the s The state of the s A A A A THE CONTRACT OF THE SHAPE SHAPE IN - ... Total Oth innoist mountain in the Lare health to want of the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEAR ESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY Prince Georges D.C. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Glenn Dale (RURAL) 1 mo. 5 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Glenn Dale Hospital YES NO 3. NAME OF Middle Month DECEASED OF (Type or print) DEATH Benjamin 1961 Levine 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last bighdey) Months Male White WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if ratired) U.S.A. Trading Co. New York, New York Retired salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William N. Levine Bessie Mallomsky 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivawarordetesofsarvice) Decedent No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (e) Acute myocardial infarction, left ventricle days Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying Severe atherosclerotic coronary artery disease part II. other significant conditions contributing to death out not related to the seminal pisease condition given in Part II. Diabetes mellitus; pulmonary tuberculosis; left mid-thigh amputation due to gangrene 4/21/61; generalized peripheral arteriosclerotic disease 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work .....1961..., and that death occured at 8:1M, from the causes and on the date stated above. saw the deceased alive on.. 22e. SIGNATURE ATTENDING SIGNED DIRECTOR TO PHYS. PHYS. 26/61 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Glenn Dale Hospital, Glenn Dale, Md. Moe Weiss 23d. AOCATION (City, town or county) 236.) BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE

Circles S.

funeral the 12 pue filled carbon and physician please 2 attending and Then the signed by MECTOR: After this certificate has been hould be detached for use as the burial-tr prior death. Page 4 filed v 후 VR A15 (4) 15M 9/60

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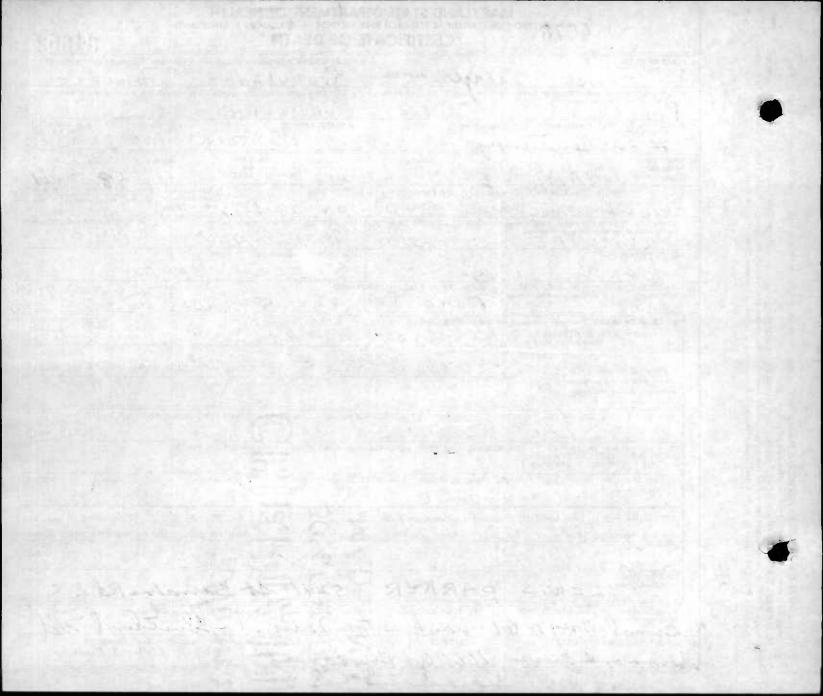
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VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 467 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04662

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
O. COUNTY PRINCE GEORGE MARYLAND	O. STATE BRYLAND b. COUNTY PRINCE GEO							
b CITY OR TOWN (If outside corporate limits write   C FINCTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
PARKLAND 25 YERRS	PARKLAND )							
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
# 26-Kentucky	# 26 KENTUCKY AVE YES NOW							
3. NAME OF DECEASED (Type or print) MAMIF. F. Middle	ewis 4. DATE Month Day Year OF DEATH 4/ 20 - 196/							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 TEAR IF UNDER 24 HRS.   In the last birthdoy)   Months   Days   Haurs   Min.							
Femphe white WIDOWED   DIVORCED	JAN-29-1883 '7 Ryrs. Months Doys Haurs Min.							
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during plost of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
HOUSEWIFE DOMESTIC	MARYHAND U.S.Q.							
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME							
JOESPH YOUNG	JUSAN FIODPER							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Address 26 KENTCKI							
	JRSSE SLEWIS AVE PARKLANI							
18. CAUSE OF DEATH [Enter only one cause per line far (a), 1b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH							
IMMEDIATE CAUSE (o)	1 days							
420.0 DUE TO	Vallente Heart Veren Vears							
Conditions, if ony, which gove rise to immediate (b)	acere - 11 act back for							
cause (a), stating the under-								
lying couse lost. (c)	NICT BELLTED TO THE TENHALA DISEASE COMPUTION CIVEN IN PART 1/4 10 MAS AUTORSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO							
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTING DOR CONTRIBUTING DOR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 18.)							
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)							
Hour o. m.  P. m.  19 While Not while at work at work	17-							
21 I certify that (I) (this hospital) attended the deceased fram	7/25 1961, ta 7/2 1961, that (1) (we) last							
	death accurred at AMM, from the causes and an the date stated above.							
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED  M.D. PHYS DIRECTOR PHYS.   22b. DATE SIGNED							
22c. PHYSICIAN'S	22d. ADDRESS							
NAME (Type) LEWIS PARKER	5241- St Barrahas Rd X E							
230, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) 23b. DATE THEREOF USAS 1-6/1 WAShing	or CREMATORY 23d. LOCATION (City town, ar county) (State)							
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Semmont Bus 1661 of He	ope Rel DATE MAY 1 '61 arthur S. Krous							
wash gt	I AC S E							



	4677		CERTIFICA	ATE OF DEAT	Н	, , , , , , , , , , , , , , , , , , , ,		0466	3_	
1. PLACE OF DEATH a. COUNTY Princ	e George		MARYLAN	a. STATE	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE  Maryland  Prince George					
b. CITY OR TOWN ( write RURAL and	if outside corporate limit give nearest town)	s, c.	LENGTH OF STAY IN	Landover		orate limits, writa	RURAL end gi	va nearast low	n)	
d. NAME OF HOSPI	tal or institution (in George Ger			d. STREET ADDRE	ss relt Ave			ON	SIDENCE A FARM? NO	
3. NAME OF DECEASED (Typa or print)	Winslow	102 02 110	Middle	Last	4. DATE OF DEATH	Month	r. le	y Yeer 19	61	
5. SEX Male	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	9-29-1001*	1901	. AGE (In years lest birthday) 59 yrs.	Months Day		24 HRS. Min.	
Plumber	ION (Giva kind of work orking life, aven if ratire	10b. KIND (	OF BUSINESS OR IND	North Ca		foreign country)		S.A.	OUNTRY?	
James L	iverstte			14. MOTHER'S MAID						
(Yas, no, or unkown)	ER IN U.S. ARMED FOR fyasgivawarordatesofs	ervice)	NK,	Nettie Liver	ette	Addrass				
PART I. DEAT	PEATH [Enter only one H WAS CAUSED BY: IMMEDIATE CAUSE (a)		tinitis					INTERVAL BET ONSET AND I Wee	PEATH	
	Conditions, if any, which gave risa to immadiate causa (b) Surgical resection of the esophagus							l week		
(a), stating the u	(a), stating the undarlying DUE TO causa last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH	20b. DESCRIB	HOW INJURY OCC	URED. (Entar netura of injury	in Part I or Part I	l of item 18.)		YES X		
20c. TIME OF INJU	MEDICAL EXAMINER)  JRY Month, Day, Ye	ar 20d. INJU While at work	RY OCCURRED   20e Not Whila at work	PLACE OF INJURY (Home, factory, streat, office bldg.,		y or town)	(County)		(Stata)	
21. I certify	that (I) (this hospit			om Mar. 22 that death occured a						
22a. SIGNATURE	or Willes	m Wa	かし	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.		22b	SIGNED	
	George Will			22d. ADDRESS	35 Eu	r UN	W.		V-0	
23e. BURIAL, CREMAT REMOVAL (Specify Burial	Apr. 2	0, 1961	Arlingto	ery or crematory n National	Aı	ation (City, town	, Va.		leta)	
Tattarra	R'S SIGNATURE	raf Hon	ADDRESS NO BG 03	-14 St /VM DATE	APR 1 9 '6	TRAR 25b. REG	GISTRAR'S SIG Wilma S. K			
			No	Wh De					JG A	

MARYLAND STATE DEPARTMENT OF HEALTH

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The second Land Mene 2402 - William Comment

FOR STATE HEALTH-DEP

Page essary, 0 TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute in certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral did a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, germation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MACGA

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)								
	YLAND 8. STATE North Carolina b. COUROBinson								
Write RURAL and give nearest town)	TAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)								
T. B. D.O.A.	Maxton								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	ON A FARM?								
Dobson Clinic  3. NAME OF First Middle	Route # 1 YES NO NO								
DECEASED	Last 4. DATE Month Dey Year OF								
Timou	Iocklear   DEATH April 1, 19 61								
1. MAKAED   INEVENTAL	Amaria 14 1007   Months Deys Hours Min.								
Male Red WIDOWED DIVORCE  108. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS C	OR INDUSTRY 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY								
done during most of working life, even if retired)									
Soldier U. S. Army	North Carolina U. S. A.								
Oscar Locklear	Rita Rettie McGirt								
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY									
Yes Last 6 years 246-24-6071	. U. S. Army Records								
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  HEMORRHA	GE AND SHOCK ONSET AND DEATH								
DUE TO O									
Conditions, if eny, which ) (OCINSHOT	WOUND OR CHEST								
geve rise to immediate cause (a), stating the underlying  DUE TO									
cause lest. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?								
[5]	YES NO 🖸								
DOIALARY EL OF CONTRIBUTING	CCURED. (Enter nature of Injury in Part I or Part II of item 18.)								
CAUSE OF DEATH. Shot during	PRIMARY TO OF CONTRIBUTING CAUSE OF BEATH.  Shot during an altercation								
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)									
12:05 April 1, 161 at work T Public Park Brandywine P. G. Md.									
21. I certify that I took charge of the remains described above, held an Autopsy. Inspection . Inquiry . and in my opinion									
death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined manner								
CHIEF MEDICAL EXAMINER									
SIGNATURE Comor S	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
EXAMINER'S Town T Don't	DEPUTY MEDICAL EXAMINER A 4/1/01								
NAME (Type) James I. Boyd  228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	Address (Street, city, town, or county)  METERY OR CREMATORY   22d, LOCATION (City, town, or country) (State)								
MMOVAL (Specify) M MO IGL 1	Marie Ma Cas								
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE								
D T 11 0-1 11-5	THE PARTY OF THE P								
	V.E. RC2 DATE APR 10'61 Circling S. Kraus								

CHINADE NO EXAMPLED RESIDENTAL CONTRACTOR ASSESSMENT OF THE ARMS The monaction of the property of the control of the obstation of the contract footlers was a series. - The 1967 - French Nelle Red coldier a sary mains dentity . 3. Ary Jailey sidde of hi Yes Dast & yells offer - - Wil T. . any Foaths SEE STATE HERECONES THE STATES Column Kleins on Chief of Moid committee and to be 18:07 Sould Land of the Control of t Bycs. .I semit the Telephone

-	679 Tunce Georges Ce CERTIFICA	ATE OF DEATH	Reg. Dist. No. 11466
0.	ACE OF DEATH COUNTY HVA-1/S VII/C MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If into o. STATE MARY AND b. COL	
#	CITY OR TOWN (If ourside corporate limits, write   c. LENGTH OF STAY IN 1b   PURAL and give nearest town)	c. CITY OR TOWN (If guisside corporate limits, w	rite RORAL and give nearest town)
56	NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF ELBERION, PL	5608- ELBERTON A	e. IS RESIDENCE ON A FARM YES NO
(T	AME OF First Middle ECEASED Middle MARTHA FIRZAGO	LOCK WIGH OF DEATH	Month Day Year 19 6
5. SE	FEMALE WHITC WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In y lost butthe	lears   IF UNDER 1 YEAR 1 F UNDER 24 H loy)   Months   Days   Haurs   Mir yrs.
100.	USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUN
13. F.	SEPH FRANKLIN SPENCE	SARAH S. Sumb	hin
15. V (Yes.	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	SOSEPH LOCKMA	Address 5608-ELBER
	B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	*	INTERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  (b)  DUE TO	I as cular reduce of	livere
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
10 L			YES   NO
CER	206. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING  CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port 1 or Part 11 of item 18	
-	OR CONTRIBUTING [] CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  Oc. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	D. (Enter noture of injury in Port 1 or Part 11 of item 18  ACE OF INJURY (Home, form, 20f. (City or town) clory, street, office bldg., etc.)	(County) (Ste
MEDICAL	DR CONTRIBUTING   CAUSE OF DEATH    IF EITHER, NOTIFY MEDICAL EXAMINER)  Oc. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PL    Hour o. m.   19   of work   of work   of work   of work   19    21.   Certify that   attended the deceased fram   19   of work   of	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State of L., that I last saw the december and on the date stated ab
MEDICAL	OC. TIME OF INJURY Month, Doy, Year Hour o. m.  Dr. T. I certify that I attended the deceased fram.  Oc. TIME OF INJURY Month, Doy, Year While of work 120. Pt. 19 of	ACE OF INJURY (Home, form, 20f. (City or town) clory, street, office bldg., etc.)  19.55, ta 17.57, 19., 19. accurred at 19.00 M, fram the caus	(County) (Standard Last saw the dece
WEDICAL MEDICAL	OC. TIME OF INJURY Month, Doy, Year Hour o. m.  P. m.  19 of work of while of work of	ACE OF INJURY (Home, form, 20f. (City or town) clory, street, office bldg., etc.)  1955, ta 7979, 19  19 accurred at 1979, M., fram the cause ADDRESS (Street, city or town)  19 CR CREMATORY 22d. LOCATION (City. to MANAGEM)	(County) (State of Land of Lan

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of the death of the death. Page 4 may be retained by the death of the death of the death of the death of the death. Then please remave carbon papers. Pages 1 and 2 show the filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

remaining was all to be made and and it and it all the arrange from the tree of the first Charles fill and file.

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Prince George's files. Health, e. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) 40 for your Beltsville Beltsville Board "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dit ixaminer's Office along with form PM3. Page 5 may be retained for y used as a burial-transit permit. File pages 1 and 2 with the State Board ion, or removal, and in any event, within 72 hours after death. d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) Ammendale Road Ammendale Road NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) Charles 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR last birthdey) Months MATTE WIDOWED T DIVORCED | May 19th. EXAMINER: This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Watchman Amer. Resur. Bureau Oaklahoma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Juluis Loy Mary C. Sturtz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) 4450 Ammendale Rd. W War Mrs. Mary C. Hurley 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ease execute the certificate, writing the word "pending" in pencil in I should be forwarded to the Chief Medical Examiner's Office along FUNERAL DIRECTOR: Page 3 should be used as a burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Asphyxia and shock DUE TO Occupant of a burning building Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY or CONTRIBUTING burial, burning building 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) 0 Not While et work et work 19 67 Home Ammendale prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S I. BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) ARLINGTON NATIONAL 40 6 surel 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 18'61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO

19

Hours

U.S.A.

Beltsville. Md.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

and in my opinion

DATE SIGNED

April 16th, 1961

(County)

IF UNDER 24 HRS.

terror control STELL SEON March of the second of the second Description of the Control of the Co Capacida I. Carilla Company and Capacida Capacid WAL JEST WILL A RESERVE TO THE TOTAL are not the latter of the control of the latter of the lat market . Comment ill efficed for Year Wast 1 574 to 188 Way D. Harley 6450 Mangadels 38. and other from the problem. Company of a burning orthogon wall-indeparture wito structure? med had fare. 

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH C. COUNTY Prince	Georges		MARY		o. STATE Marylan		b. COUNTY		nce befor	re odmissio	n)
	b. CITY OR TOWN (IF RURAL and give ner Riverda	grest town)	its, write c.	LENGTH OF STAY	IN 1b							
	d. NAME OF HOSPITA OR INSTITUTION Eugene		d. STREET ADDRESS  e. IS RESIDE ON A FA YES   h						FARM?			
	NAME OF DECEASED (Type or print)	Fir Em	mett	Middle Qui	nbv	Lost Makin	4. DATE OF SON DEATH	Mar Ap		00	y v.	9 61
5. 5	Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIE		DATE OF BIRTH 5-211-87		9. AGE (In years last birthday) 73 yrs.	IF UNDER	Days	IF UNDER	Min.
L	. USUAL OCCUPATIO during most of worki		)	na Indus	R INDUSTR	Ohio 14. MOTHER'S MAIDE		country)		U.S.	A.	DUNTRY?
	WAS DECEASED EVER			CIAL SECURITY NO	. 17, INFO	Mary Fr	azer V	orHees	ress			
	nknown (	f yes, give war or dates of s Unknown	284	-05-6090	7 Dau	ghter - He	len Wei	mer - Sa	ne ad	dres	S	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Tax	or (a), (b), and (c).	1	Quere	alexo	el		ONS	RVAL BET	WEEN
	Canditians, if an gave rise to in cause (a), stating t lying cause last.	DUE TO	13	rouce	ho-l	Dueun	ona	Fila	1	6	50	Eys
CERTIFICATION	PAST II. OTH			TRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	VEN IN PAI	RT 1(a) 1	9. WAS A PERFOR	MED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESCRIB	BE HOW INJURY O	CCURRED.	Enter nature af injury	in Part I or Pa	rt II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d. INJU While at wark	RY OCCURRED Not while at wark		E OF INJURY (Home, f y, street, affice bldg.,		ry or tawn)		(Caunty)		(State)
	21. I certify that saw the deceas	t (1) (this hospita ed alive ogg	) oftended	. /01		#19 ath accurred at Z	My fram	#//4 the causes or		/	ot (1) <del>(w</del>	
M	220. SIGNATURE	Ffice	ivel		M.1		MED. DIRECTOR	STAFF PHYS.		4	4/14	DATTE
	22c. PHYSICIAN'S NAME (Type)	W.L.	Eti	ENNU	5	22d. ADDRESS	dele	22 80	uf ,	1	49	
230	DREMOVAL (Specify	april 17	1961	Tranch	etery or o	- Cemeter	X	Cring,	oh oh	iv	(State	)
24.	FUNERAL DIRECTOR'S	SIGNATURE	Eo. 0	Appress iverd	ale,	md, 25a. R	ECID BY REGIS		STRAR'S S			

may be retained TO FUNERAL DIRE VR A15 (4) 1SM 9/59

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VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

HISHICAL	MESEWICH WIND	Mrcoups,	201 41	. Litralal
682	CERT	IFICATE	OF	DEATH

(			EATH						0	4	6	6	8
2.	บรบ	AL	RESIDENCE	(Where	deceasad	lived, If	institutions	Residence	bei	ore	adr	nissi	ion)

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	Prince George MARYLAND	Maryland Prince George
1	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
1	write RURAL and give nearest town)	
	Cheverly 8 days	3704 Ingalls Ave.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	Prince George's General Hospital	Hyattsville, Md.
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	(Type or print) Stella	Mark DEATH April 22 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Last birthdey)   Months   Deys   Hours   Min.
	Female White WIDOWED X DIVORCED	8-: -1888 72 yrs.
	10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	
	Housewas Home	Poland USA
J	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Unharon
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT/ (Address ()
	(Yes, no, or unkown) (If yes give wer or detes of service)	m- 740, med Sula 3101 200 002
	18. CAUSE OF DEATH [Enter only one capte per line for (a), (b), end (c).]	1005 1000 act stark Jay allegates u
П	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	( wonevoces
	332 × DUE TO 0 0 0	A 0 -
	10000	of Dis DAN Serges
П	gave rise to immediate couse	Carco sorrain
-	(e), stating the underlying DUE TO	and a sugar ly and
	cause last. (c)	ous germanyer
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO NO
	20b. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Entar natura of injury In Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	nour a.m.	ctory, street, office bldg., atc.)
		80-0
П	21. I certify that (I) (this hospital) expended the deceased from	1907 to (1907, 1967, that (I) (we) last
Н	saw the deceased alive on Cond. 2 19.0 (, and tha	t death occured at
	220. SIGNATURE	ATTENDING SED. STAFF 22b. DATE SIGNED
	1111VI MIN KASSOWITH	ATTENDING MED. STAFF SIGNED PHYS. D
	22c. PHYSICIAN'S	22d. ADDRESS
ì	NAME (Type)	5701 85TH AUE, HYATTSVILLE MY
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. JOCATION (City, town or county) (\$196)
	(A)OVAL (Specify) 4-25-61 Ah Mas	1.1/2 20 1/2
A.	During!	
	24 FUNERAL DIRECTOR'S SIGNATURE JADDRESS SIGNATURE	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Decel Survey 11 and 1.	Zer DAJE APR 26'61 Orthur & Harris

(M) Prince George This is the company of the company o Removed the same of the same o The House of South 3741, a still all 32 march man T level of the second weed wears to day dend in the The war for the same of the BYOT SSALLINE THATISTULEMEN Literal Literal Control of the State of the

## FOR STATE TO DEPUTY INCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay recessary, please execute recertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral for Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04669 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 683

'	Prince George	0	e. STATE.	b. COUNTY	itution: Residence before admission)
1	TITIOG GOOTSE	MARYLAND	Marulan		Prince George
1	b. CITY OR TOWN (if outside corporeta limits, write RURAL end give nearast town) Cheverly	DOA	7 Melwood	ide corporeta limits, write RU	JRAL and giva naarest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospital, give street eddrass)	d. STREET ADDRESS		. IS RESIDENCE
B	Prince George's Ge	eneral Hospital	Dower Hou	se Road	ON A FARM?
3	NAME OF First DECEASED	Middla	Last   4, I	OF Month	Day Yaar
	(Type or print) Maude	TV		DEATH Annil	5. 1967
5.	SEX   6. COLOR OR RACE   7		. DATE OF BIRTH	9. AGE (In years   IF t	UNDER I YEAR   IF UNDER 24 HRS.
]	Female Coloredw		July 1898	1	onths Deys Hours Min.
10	a. USUAL OCCUPATION (Giva kind of work	106. KIND OF BUSINESS OR INDUSTR		eign country)	12. CITIZEN OF WHAT COUNTRY?
d	ona during most of working life, evan if retired)	TTons	3.5		
12	DOMESTIC	House	Maryland		U. S. A.
			14. MOTHER'S MAIDEN NAME		
		lawkins	Emily F	leet	
	<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES: 'es_no, or unkown)   (If yes give wer or detes of service)</li> </ol>		NFORMANT	Address	
1.	No	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Phillip Mars	hall. same	25 # 2
-	18. CAUSE OF DEATH [Enter only one cau	se per line for (a), (b), end (c).]	* *** TAP MULL D	marra same	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1000	and the same of th		ONSET AND DEATH
	IMMEDIATE CAUSE (e)	Acute con	gestive hear	t failure	
	7 ~ U DUE TO				
	Conditions, if any, which (b)	Coronary	artery disea	Se	
	gava rise to immadiata causa (e), steting the underlying DUE TO				
	causa last. (c)				
Z	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	SEASE CONDITION GIVEN	
1 F	Diabetes				PERFORMED?
FIC		DESCRIBE HOW INJURY OCCURED. (E	intar netura of injury in Part I or P	Part II of itam 18.)	XX
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar Hour e.m.		CE OF INJURY (Homa, farm, 20 ory, street, office bldg., etc.)	of. (City or town)	(County) (State)
	21. I certify that I took charge of th	ne remains described above, he	ld an Autopsy , Inspe	ection Inquiry I	and in my opinion
	death resulted from: Natural cause	s Accident . Suic	ide , Homicide ,	Undetermined mann	per 🗆
		AXX. TOTAL	CHIEF MEDICAL EXAMI		
-	ACTUAL	A			
	SIGNATURE CONTRACTOR	21 20 10	M.D. ASSISTANT MEDICAL E		DATE SIGNED
	EXAMINER'S James I.	Boyd	DEPUTY MEDICAL EXAM		April 5, 1961
22	a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		LOCATION (City, town, or	country) (State)
	Burial 4/8/61	St. Lukes Meth	odist Church	Melwood, Mary	land
7	JAJNERAL DIRECTOR	ADDRESS		REGISTRAR   246. REGISTR	
K	Olive Hewart	30 H Street,	N.E. DATE APR	10'61 0	Ing S. Kraus
-					The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	OF DEATH	CERTIFICATE	ě	
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	tattatury, lary bas J. B. S. A. A.			531/6/E
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nesses to the first the first of the second	THE RESERVE THE PARTY OF THE PARTY.			
				gungs i . kt.
		TOTAL STATE OF THE		

MARKAND STATE

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIREC. A: After this certificate has been signed by the ottending physician and completely filled in by the properation of a should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shape filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

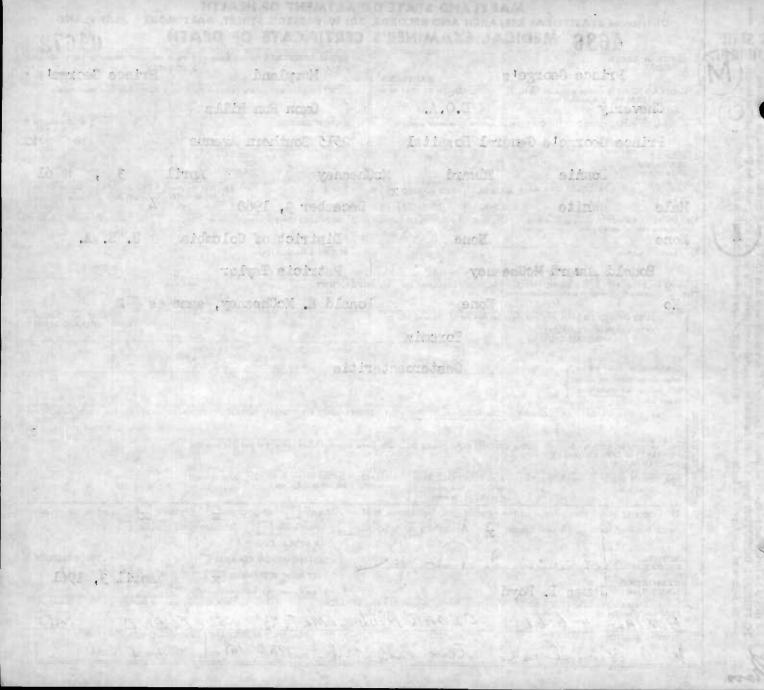
VS A15 (4) 15M 10/57

	4685	CERTIFICATE OF DE	ATH	Reg. Dist. Nol 4671
V	PLACE OF DEATH O. COUNTY Pr. Geo.	MARYLAND 2. USUAL RESIDEN		
1	RURAL and give nearest tawn) Temple Hill	17	Temple	RURAL and give nearest tawn) Hells
	d. NAME OF HOSPITAV(If not in hospital, give street address OR INSTITUTION 5081-Temple	Hill Rd 508	1-Temple Hi	e. IS RESIDENCE ON A FARM? YES NO
	PLACE OF DEATH  a. COUNTY  C. COU	Day Year 19 6/		
		1F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.		
	during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Joseph Cull	lers CAT	HERINE Z.	Rodgers
1		AL SECURITY NO. 17. INFORMANT Julia K.	HARTLey 50	181- Temple Hill R
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stoting the under- lying cause last.  (c)	enemalized A	treedmond the standard	INTERVAL SETWEEN ONSET AND DEATH
	200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE OR CONTRIBUTING 1 CAUSE OF DEATH	9		VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY While	Nat while factory, street, affice blo		(County) (State)
	alive an 1961, 196	, and that death accurred at 4	M, fram the causes ( ADDRESS (Street, city or town,	
	Bureaf 4-24-61 (	Prospect Helf	o. REC'D BY REGISTRAR 246. REGI	or county) (State) Coyal Va STRANS SIGNATURE
1	Demmora Bris.	145h 20 100 01	APR 21 '61	arthur S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

STUDIO ANTIAGE ESTABLISO STORYBARD STATE DISAFFUNDAM HTARO RO STADRITRAD Fr Gec Tr Gee + 11 TEMPLE Hells TEMPLE HILL 5081-Temple 41/12 5081- 00 mg 11 11 12 Metric Kibler Mayes April 20 El W 12.26-1874 86 2/62 Herenie Joseph Cullers CATHERINE T. Redgers Julia K HARTLEY 5081. TEMPLEHILLE 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) b. COUNT Prince George's e. COUNTY Health, Page Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) write RURAL and give neerest town)
Cheverly D.O.A. Oxon Rim Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS . IS RESIDENCE Ö ON A FARM? and 3 to the funeral Prince George's General Hospital 2515 may be retained State Southern Avenue YES NO XX death. 3. NAME OF DATE Month Middle Year OF DECEASED the (Type or print) Donnie Friward McChesney DEATH Anril 19 61 hould be executed within 24 hours after occaning pencil in Item 18. Give Pages 1, 2, and 3 to all in Item 18. Bage 5 may be seen and a with form PM3. Bage 5 may be seen a long with form PM3. Bage 5 may be seen the seen and a with the seen and a seen the s death. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SFX lest birthdey) Months Days Male WIDOWED T DIVORCED December 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) District of Columbia U. S. A. None None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ronald Edward McChesney Patricia Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or deles of service) Office along with burial-transit permi Ronald E. McChesney, same as No None 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Toxemia IMMEDIATE CAUSE (e) DUE TO removal. EXAMINER: This certificate should Gastementeritis Conditions, if eny, which (b) gave rise to Immediate cause 100 "pending" Examiner's DUE TO (e), steting the underlying SE cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO TO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of ilem 18.) PRIMARY [] or CONTRIBUTING [] burial. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) fectory, street, office bldg., etc.) While Not While 0 et work et work Inspection 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY April 3, 1961 EXAMINER'S NAME (Typé) ames I. Bovd Address (Street, city, town, or county) 220. BURIAL, CREMATION 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) its REMOVAL (Specify 0 BURIAL 240 ADDRESS REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur & Karis 5M



### FOR STATE HEALTH DEPT

of Health, cessary, or, Page

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral did 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

ASSISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S CERTIFICATION OF THE PROPERTY OF THE PROPERT 04673 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	D. CITY OR TOWN If outlide corporate limits, write RURAL and give need town.  Silver Hill  A NAME OF DETAIL OR INSTITUTION (a not in hospite), give sheet eddress)  3301 Naylor Road S.E.  MARP OF DETAIL OR INSTITUTION (a not in hospite), give sheet eddress)  3301 Naylor Road S.E.  MARP OF DETAIL OR INSTITUTION (a not in hospite), give sheet eddress)  3301 Naylor Road S.E.  MARP OF DETAIL OR INSTITUTION (a not in hospite), give sheet eddress)  3301 Naylor Road S.E.  MARP OF DETAIL OR INSTITUTION (a not in hospite), give sheet eddress)  3301 Naylor Road S.E.  MARP OF DETAIL OR INSTITUTION (a not in hospite), give sheet eddress)  3301 Naylor Road S.E.  MARP OF DETAIL OR INSTITUTION (a not in hospite), give sheet eddress)  3301 Naylor Road S.E.  MARP OF DETAIL OR INSTITUTION (a not in hospite), give sheet eddress)  3301 Naylor Road S.E.  MARP OF DETAIL (a STREET ADDRESS)  A STATE SHAPP MCDE MOTHER AVE  Mapp McDe Moth of Moth				
1.	PLACE OF DEATH				sidence before admission)
	Prince Georg	e's MARYLAND			ce George!
	b. CITY OR TOWN (if outside corporate limit	ts, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete		
	Silwer Hill	Transient	Glassmanor		
	d. NAME OF HOSPITAL OR INSTITUTION (	if not in hospitel, give street eddress)	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?
				eptune Ave	YES NO X
3.	DECEASED		OF		
-		- Troop P			
1 2	8. COLOR OR RACE	9.5.	DATE OF BIRTH 9. AC	GE (In yeers IF UNDER I Y	
1					
9	one during most of working life, even if ratire	d)			
10		Construction		U.	S.A
10	Michael McDerm	ott		•	
(Y	es, ao, or unkown)   (Ifyesgive wer or detes of s	ervice)		Address	
-			onn F. McDermott		
1		cause per line for (e), (b), and (c).			ONSET AND DEATH
1		Asphyxia			
	1 / / 4 /				ATTENDED TO SE
		A ute carbon	Monoxide poisoning		
	(e), steting the underlying DUE TO	C	P		
-	(6)	TIONS CONTRIBUTING TO DEATH BUT NO	AT APLATED TO THE TERMINIAL DISEASE CO.	INTERNAL COURTS IN INC.	
10H	PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART	PERFORMED?
N.	CO. EVERNIAL CAUSE WAS	OF DESCRIPT HOM WHITE A CONTENT	Color action of latinatic Death - Death -	10.1	YES NO NO
CERTIFICATION	PRIMARY OF OF CONTRIBUTING				
MEDICAL	Hour a.m.	While Not While fact	ory, street, office bldg., etc.)		
WE	print - 11				
				436	and in my opinion
	death resulted from: Natural ca	auses , Accident , Suic		ermined manner	
			CHIEF MEDICAL EXAMINER		
1		1 de ye	M.D.		DATE SIGNED
1	SIGNATURE EXAMINER'S	) I terre	DEPUTY MEDICAL EXAMINER	4/29/61	DATE SIGNED
22	SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 122b. DATE THERE		Address (Street, city, lown, or coun	ly)	DATE SIGNED
22	EXAMINER'S NAME (Type) James I. B		Address (Street, city, lown, or coun	ly)	
	SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 122b. DATE THERE		Address (Street, city, lown, or coun	(City, town, or puntry)  24b. REGISTRAR'S SIG	(Stoto)
	SIGNATURE  EXAMINER'S NAME (Type)  James I. Be BURIAL, CREMATION, 122b. DATE THERE REMOVAL (Specify)		DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or coun  CREMATORY 226, DOCATION	(City, town, or wuntry)	(Stote)

All the second sections of the second section and the second section s THE PROPERTY OF THE PARTY OF TH A ute defon Punctide polyoning 19/08/4 - Xeesatte - 1/09/27

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the bearing by the hospital or attending physician.

S TO FUNERAL DARCTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4000	CERTIFICATE OF DEATH	114574
1. PLACE OF DEATH	2. USUAL RESIDENCE (When	re decessed lived, If institution; Residence before admission)
a. COUNTY	a. STATE	b. COUNTY / -
Frence George	MARYLAND //CC	Tresse Glang
	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside	corporate limits, write RURAL and give neerest town)
Wille KOOAT and give hearest town)	OI P	7
A NAME OF HOSPITAL OR INICTITUTION (if not in homis	al sive street address)	Le IC PECIDENICE
d. Name of Hospital or Institution (if not in hospit	at, give street address)	ON A FARM?
415 Laurel Grenne	415 Kauss	l are use YES NO D
3. NAME OF A First		TE Month Dey Yeer
		my /// -/ lea //
Hannel	The Farbul	your agiraj
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
a. STATE  b. COUNTY  DECRETE STATE  b. COUNTY  ANANCE OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STATE  DEATH  MIDDING  DEATH  J. AGE (In year   If Under In year   If Under In Hospital, give street address)  MIDDING  DEATH  J. AGE (In year   If Under In Year   If Under In Hospital, give street address)  MIDDING  DEATH  J. AGE (In year   If Under In Hospital, give street address)  MIDDING  DEATH  J. AGE (In year   If Under In Hospital, give street address)  MIDDING  DEATH  J. AGE (In year   If Under In Hospital, give street address)  MIDDING  J. AGE (In year   If Under In Hospital, give street address)  MIDDING  J. AGE (In year   If Under In Hospital, give street address)  MIDDING  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address)  J. AGE (In year   If Under In Hospital, give street address of give year   In Hospital, give str		
	= 1/100/12/1801	
	DOF BUSINESS ON INDUSTRY II. BIRTHELACE (COUNTY & STATE	, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Carpenter Can	interesting scrittered	(15A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
unknawn	unkn	um 1 16
	OCIAL SECURITY NO. 17. INFORMANT	Address 415 Kause 6.
(155) 115, OF WINDWITE (11765 GITTE WOLD OF GETE SOLSOF FICE)	Me Lutter B	Taskal P. 1 m
18. CAUSE OF DEATH If nier only one cause per line		I INTERVAL BETWEEN
	, to (0), (b), and (c).)	
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2 / OV DUE TO	0	
City	un salumi	4 4
	nu cum	
DIE TO	1 / 10 00 -	
	early villes -	6 ps
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.	
[2]		
15 mmc		YES NO
E 20e. ACCIDENT WAS UNDERLYING ☐ 20b. DESCH	RIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or P	ert II of item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ZOO TIME OF INITIDY March Day Von 1 204 IN	HIRV OCCUPATED 20- BLACE OF INITIALY (H	(City on town) (County) (State)
		(County) (Siere)
W at weath		
of I contifue that (I) (this harrital) attends	d the deserved from 21 6 10.4 6	to 4-24 106/ that (1) (wa) last
saw the deceased alive on	19, and that death occured at	rom the causes and on the date stated above.
228. SIGNATURE	ATTENDING	22b. DATE
n B-Hemma		
22c PHYSICIAN'S	71101	
NIAME (True)		to and and
14 12 2 12 10 5		- Colo Color
	23c. NAME OF CEMETERY OR CREMATORY   23d.	OCATION (City, town or county) (State)
KENTOVAL (Specify)	about bill Conston	Laurel MI
24 EMERAL DIRECTOR'S SIGNATURE	ADMOSSS A DECID BY DE	GISTBAD 25h PEGISTPAP'S SIGNATURE
24 JUNEKAL DIRECTUR'S SIGNATURE	AND A STATE OF THE	104
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. death. Page 4 the retained by the hospital or attending physician.

S > TO FUNERAL LATECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

	DIVISION	OF STATISTICA		TAIL DIAIL	RDS				ORE 1.	MARY	LAND	
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							CE (Whare			Rasidano	e before a	dmission)
		GEORGES		MARYLAN	d D		T OF		ITY	1		
	b. CITY OR TOWN (i	f outside corporata limit give naarast town)	s,	c. LENGTH OF STAY IN	V 16				RURAL	nd give n	earest tow	n) 5
-	ANDREWS	AIR FORCE	BASE not in hos	22 HRS 23 No pital, giva streat address)	IIN				-	+ /		SIDENCE
	USAF HO			MARYLAND		7						NO X
	DECEASED (Typa or print)	CERTIFICATE OF DEATH  ACE OF DEATH  COUNTY PRINCE GEORGES  MARYLAND CITY OR TOWN Iff outside corporate limits, write RURAL and give an activate address of the county of t	Yaar 19	61								
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8	. DATE OF BIRTH						
N	TALE	CAUCASIAN	WIDOWE	D DIVORCED	1 3	23 APRIL 196	1		Months	Deys	Hours 22	Min. 23
do	one during most of wo	rking lifa, evan if retire	10b. K		DUSTR			or foraign country)			WHAT	OUNTRY?
13.						14. MOTHER'S MAIDEN	NAME					
							ITH					
15. (Ya	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH  PLACE OF DEATH  PLACE OF DEATH  PLACE OF DEATH  PRINCE GEORGES  MARYLAND  D. CITY OR TOWN (If outlide componis limits, write BURAL and olive naw writes RURAL and olive naw			2								
	PART I. DEATH WAS CAUSED BY: SIRDIRAL HEMATOMA								EATH			
	gava risa to immadi (a), stating tha u	, which ata causa ndarlying DUE TO	EMPH	YSEMATOUS BL	EBS	5	WITH				HRS HRS	23 MII 23 MII
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   NO											
CERTIFI	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URED	. (Enter natura of injury in	Part I or Part	t II of itam 1B.)				
MEDICAL	Hour a.m.		While	Not Whila				lity or town)	(Ca	ounty)		(Steta)
											. , ,	,
	22a. SIGNATURE  22c. PHYSICIAN'S	wold a	a	brand	м.	ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		24	Rysa.	DATE
							-2					
23	REGIOVAL (Specify)	ON, 23b. DATE THER		1	,	./	11/2		. 11.	nty)	(51	ata)
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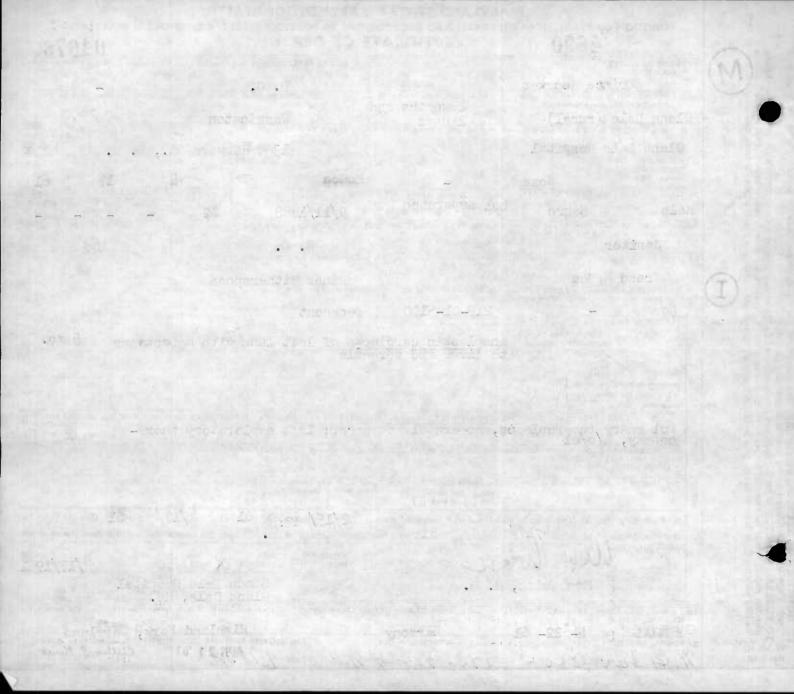
ca that there we raw that region that we are the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 4690 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY a. STATE Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) pue b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) months and hours after Glenn Dale (rural) Washington davs Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? YES NO TO Glenn Dale Hospital 3 NAME OF Middle DECEASED (Type or print) McGee DEATH 19 67 Joseph withi 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Male Negro physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Janitor S. Ca USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 affending Fread McGee Riner Witherspoon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (If yes give we rordates of service) remova 219-01-5100 Decedent the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BYmo. Anaplastic carcinoma of left lung with metastases IMMEDIATE CAUSE (e) to liver and adrenals burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying After this certificate has cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? Pulmonary tuberculosis, moderately advanced; left exploratory thoracotomy, 4/6/61

20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) NO F prior OR CONTRIBUTING CAUSE OF DEATH detached 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. While Not While Hour a.m. at work et work KECTOR: ...., 1961., that (I) (we) last 17/ 19.61, and that death occured at F. M, from the causes and on the date stated above. saw the deceased alive on.44 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. death. Page 4 page with t 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital Moe Weiss, M. D. NAME (Type) Glenn Dale, Md. rector, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OI Highland Park, Maryland
25e. REC'D 8Y REGISTRAR'S SIGNATURE Harmony ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus 15M 9/60

death

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 2. USUAL RESIDENCE (Where decased lived, If institution; Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY files. Prince George's
b. CITY OR TOWN (if outside corporate limits, Virgina
c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Cheverly Dead on arrival Norfolk Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1, 2, and 3 to the funeral ge 5 may be retained fo and 2 with the State Bo Prince George's General Hospital 1116 Aragona Blvd YES NO Month OF DEATH (Typa or print) 19 6] Ellison 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit, File pages 1 an dona during most of working life, aven if ratirad) in pencil in Item 18. Give Pages 1, U, 3, A permit. File pages 1 any event within 7 North Carolina

14. MOTHER'S MAIDEN NAME Realtor 13. FATHER'S NAME Gertrude Roscoe D. McMillan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Red Springs (Yes. no. or unkown) | (If yes give we ror datas of service) Box 352 Roscoe D. McMillan.Jr. 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bemorrhage and shock DUE TO Crished chest, fracture of the skull Conditions, if any, which gava rise to immadiate cause DUE TO (a), steting the underlying Fracture of both ankles, compound fracture of left leg pe nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1681 19. WAS AUTOPSY PERFORMED? certificate, writing the word NO T YES Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Driver of an automobile that was in an head on collision 20f. (City or town) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ) 20c. TIME OF INJURY Month, Day, Yaar fectory, street, office bldg., etc.) Not While et work should be forwarded to the FUNERAL DIRECTOR: Pa Hi chway Mui rki rk 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner Accidentit CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER April 28th.1961 EXAMINERS JAMES I. BOYD. NAME (Typa) Address (Streat, city, town, or county) 22e. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 22d\_ LOCATION (City town, or country) (Steta) 40 6 ark 0 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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### FOR STATE HEALTH DEPT.

Page files. TO DEPUTY MY EAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral did a should be forwarded to the Chief Medicel Examiner's Office along with form PM3. Pege 5 may be retained for y TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours efter death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1,000

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaesed livad, If institution: Rasidanca bator a. STATE b. COUNTY	a edmission)
Prince Georges County MARYLAND	e. STATE  Maryland  b. COUNTY  Prince Geor  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest)	ges
b. CITY OR TOWN (if outside corporata limits, write RURAL end give neerest town)  Riverdale	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest that the state of the	own)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   a. IS	RESIDENCE N A FARM?
Leland Memorial Hospital		NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Y	ear
(Typa or print) KATHERINE ELIZABETH	AND COMMON TO A SAME TO SAME T	9 61.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UND	ER 24 HRS.
Female White WIDOWED DIVORCED	December 23, 1905 55 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratired)	TRY 11. BIRTHPLACE (Stee or foreign country) 12. CITIZEN OF WHA	COUNTRY?
Housewife Oun Home	Maryland U. S. A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jacob Dillman	Mary Dwyer	
	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewerordatasofservica) No None Yes. Unknown J	John McWilliams, same as # 2	
18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), end (c).]	INTERVAL	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Acute con	gestive heart failure	D DEATH
LIU7 X DUE TO	gestive heart faiture	
	cular renal disease	
gave rise to immediate cause  DUE TO	scurar renar disease	
(a), stering the underlying		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS	AUTOPSY
CA10		FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   2Db. DESCRIBE HOW INJURY OCCURED. PRIMARY OF CONTRIBUTING	(Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. Pl	LACE OF INJURY (Home, ferm, 2Df. (City or town) (County)	(Stata)
at work at work	ectory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, I	held an Autopsy , Inspection X, Inquiry X, and in my	opinion
	icide, Homicide, Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE MACHEN	M.D. ASSISTANT MEDICAL EXAMINER DATE S	IGNED
JAMES I. BOYD, M.D.	DEPUTY MEDICAL EXAMINER April 26, 19	61,
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ( REMOVAL (Specify)		late)
7 2 4 12 04 4	Arlington, Virginia.	
23. FUNERAL DIRECTOR ADDRESS	ational Come treasy registrar 24b. REGISTRAR'S SIGNATURE	4.11
W. W. CHAMBERS CO. Riverdale, Max	ryland. DATE APR 27'61 arthur & Kinus	

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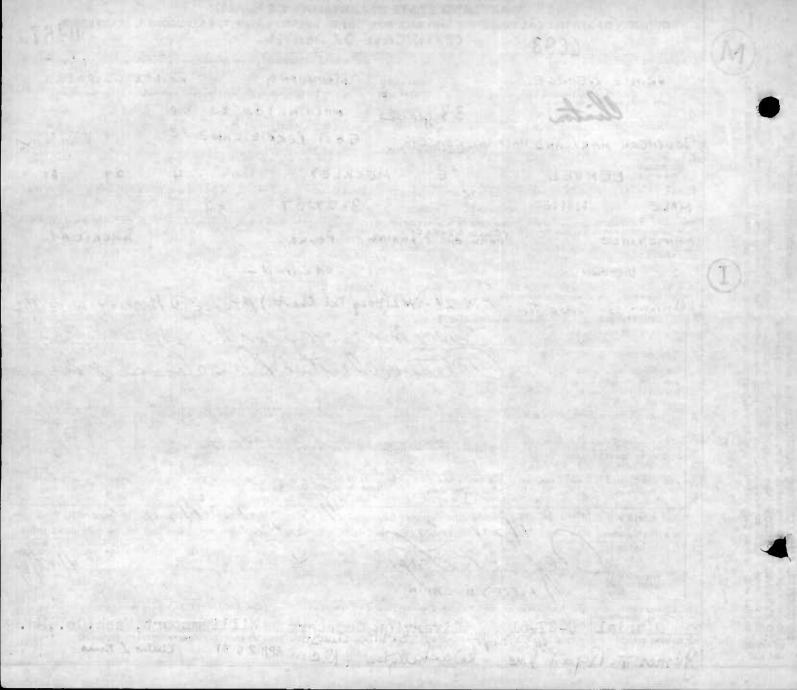
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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH 4693 7. USUAL RESIDENCE (Whare decassed lived. If institution: Rasidence before admission) 1. PLACE OF DEATH a. COUNTY PRINCE GEORGES DRINGE C-EORGES MARYLAND 1 Pe MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) P c. LENGTH OF STAY INTO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 23 DC after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5611 PERRIE LANE JOUTHERN MARYLAND HOSPITAL CENTER YES NO CLINTON, Md 3. NAME OF First Middle DATE Month paper DECEASED OF MECKLEY 1 EMUEL 24 1961 (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | and last birthday) Months Days Hours MME WIDOWED [ DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work remove 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11 RIRTHPLACE (County & State, or foreign country) PRINCE GEORGES done during most of working life, even if retired) AMERICAN. PARK AND PLANNING MAINTENANCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending UNEKNOWN -MICHOUN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give war or dates of service) BERNICE D. MECKLEY-WIFE Wiknown-YES- PEACE 0 NTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiata cause DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO T. prior use CERTIFI 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH for the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, offica bldg., atc.) Not While Hour a.m. Whila at work at work saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF MED. PHYS. DIRECTOR PHYS. EVIM.D. FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ALFRED filed v 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Williamsport, Wash. Co., Md. 0 uria emetery CAL STESS. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS C DATE APR 2 6 '61 VR A15 (4) 15M 9/60



DI AGE OF DEATH

CERTIFICATE OF DEATH

a. COUNTY	PRINCE GEORGES	MARYLANI	O STATE SAADSET	AND b. COUNTY	PRINCE GEORGES
	VN (If outside carporote limits, write ive nearest town)  ADELPHI	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (IF C	outside corporate limits, write RU HI	RAL and give nearest town)
	OSPITAL (If not in haspital, give street ION 2900 Buck Lodge	· · · · · · · · · · · · · · · · · · ·	d. STREET ADDRESS 2900 Buck	Lodge Road	e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LETTIE	Middle NANCY	MIDKIFF	4. DATE Manth OF DEATH April	6 1961
5. SEX FEMALE	OR INSTITUTION  2900 Buck Lodge Road    2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road   2900 Buck Lodge Road		Months Doys Haurs Min.		
during most of	warking life, even if retired)				U.S.A.
13. FATHER'S NAM					
1S. WAS DECEASED		210	S. L. Isabel S	tarcher, 2900 E	Buck Lodge Road
100000000000000000000000000000000000000	DEATH WAS CAUSED BY:		any Throw		INTERVAL BETWEEN ONSET AND DEATH //2 how.
	of any, which ) DUE TO Che				10 glace
	to immediate building the under- lost.	perteus	il Heart i	Deserve	10 years
PART II.	other SIGNIFICANT CONDITIONS	elletes	BUT NOT RELATED TO THE TERM	inal disease condition give	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBU	T WAS UNDERLYING [] 20b. DES TING [] CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Part I or Part II af item 18.)	
Hour o	while		PLACE OF INJURY (Home, form factory, street, office bldg., etc		(County) (Stote)
21. I certify	that (I) (this hospital) attended accessed alive an 5 Apr	0 1	To b		, 1961, that (I) (we) last d an the date stated abave.
20 CICLIATU	une d	and mo	TOTAL GROOTING GIRLAND	,	22L DATE

(Stote)

22c. PHYSICIAN'S NAME (Type)

23b. DATE THEREOF

4/10/61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) GEO. COUNTY, MARYLAND PRINCE

23a. BURIAL, CREMATION,

ASTEVER SPRING, MD.

GEORGE WASHINGTON CEMETERY

250. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

may be remined to VR A15 (4) 1SM 9/S9

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

e haspital ar attending physician.

After this certificate has been signed by the attending physician and campletely filled in by

Then please

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page 3 shauld be detached far use as the burial-transit permit.

the State Board of Health

al director, ae filed with

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remave carban papers. Pages 1

and in any event, within 72 haurs after death

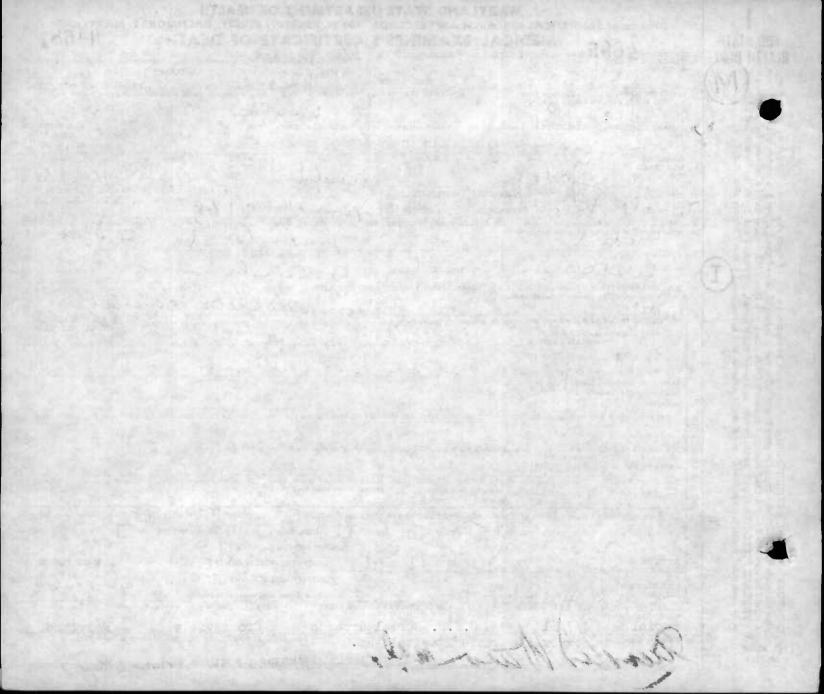
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	Mary Mary Control of the Control of	res morer . ac.,	THE RESERVE			

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND R FOR STATE Item 9 Film G285 1/24/6] iwk 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) . PLACE OF DEATH a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporete lifetts, write RURA) and give neerest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give Veerest town) Board NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? retained ne State B YES NO L NAMEOF 4. DATE Middle Month Day DECEASED 3 to the OF the (Type or print) DEATH 19 with COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 wit s 1, 2, and 3 age 5 may 1 and 2 will 72 hours ast birthday/ Months Days Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) non Give Pages pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18 (Yas, no, or unkown) | (If yes give wer or dates of service) with in Item 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), end (c). INTERVAL SETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) in pencil Office DUE TO burial certificate should Conditions, if eny, which gava rise to immediata cause (0) DUE TO (a), stating the underlying Examiner couse last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY should be trial, crematic PERFORMED? NO Medical 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Chief A ge 3 shr burial, EXAMINER: CAUSE OF DEATH. writing the Chie 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) While Not While at work at work prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 9989 22c. NAME OF CEMETERY OR CREMATORY 22a. SURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Burial C.S.H. Burial Grounds Ö 40 6 Crownsville Maryland 24a. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Superintendentop

MARYLAND STATE DEPARTMENT OF HEALTH



## the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m to be retained by the hospital or attending physician. TO FUNERAL DIVECTOR: After this certificate has been signed by the attending physician and completely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04682

1	PLACE OF DEATH	2. USUAL RESIDENCE (Whara daceasad lived, If Institution: Residence before admission)						
1	Prince Georges MARYLAND	•. STATE Maryland b. COUNTY Prince Georges						
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)						
	Cheverly 1 day	Maryland Park						
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. IS RESIDENCE						
	Prince Georges General Hospital	6300 Collidge St. ON A FARM?						
3	NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF						
	(Type or print) Samuel P	Miller DEATH April 7 19 61						
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   lest birthdey)   Months   Deys   Hours   Min.						
A	Male White WIDOWED DIVORCED	7 June 1887 73 yrs. Months Days						
4	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
_	Retired Railread	Virginia U.S.						
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
_	Benjamin Miller	Elizabeth Siclel						
	Yes, no. or unkown) [[[fvesqivawarprdetesofservice]] -	INFORMANT Address						
-		rs Mary M Miller - same as above						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	O INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: Mumbolie Occl. 16 The My Cur Arch							
	4200							
	Conditions, if any, which \ (b) (lefters of eler of the Ah den							
	geve rise to immediate ceuse							
4	(a), steting the underlying couse lest.							
1	(6)							
- 1		PERFORMED?						
Cit o Cialitada	200, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURI	D. (Enter neture of injury in Pert I or Part II of item 18.)						
1		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)						
5	Hour e.m. While Not While et work et work	211						
	21. I certify that (I) (this hospital) thended the deceased from	196/, to 196/, that (I) (we) last						
	21. I certify that (I) (this hospital) altered the deceased from saw the deceased alive on	at death occured at 1.1						
	220. AGNATURE	22b, DATE						
	Mox W- Herzberg	M.D. PHYS. DIRECTOR PHYS. SIGNED						
	22c. PHYSICIAN'S	22d. ADDRESS 7016 Greig Street						
	NAME (Type) Dr. Max M Herzberg., M.D.	Seat Pleasent, Md						
2	38. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	Burial 4- 11=61 Beaver Cr	eek Bridgewater, Va.						
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
	Lee Funeral Home - Washington D.C. DATE APR 13 61 Chillips S. 7111115							
1-	ce . met.at name = washinkpon n*p*							

angertal and rail for the breat re-All the sections are vice and · un appealed to the state of t The second cininii haarlis 1.8. Rivaceta siclel Benjamin Miller ers . ery iller - seme as above the water for the description of the said the territory of the state of the state of the property of the same of th Server was the ways of the server while the sold these and the later than the second that the rice ster, Vo. arial L-11=61 caver lreek Tee Tuneral Tome - tos inrton 1.0.

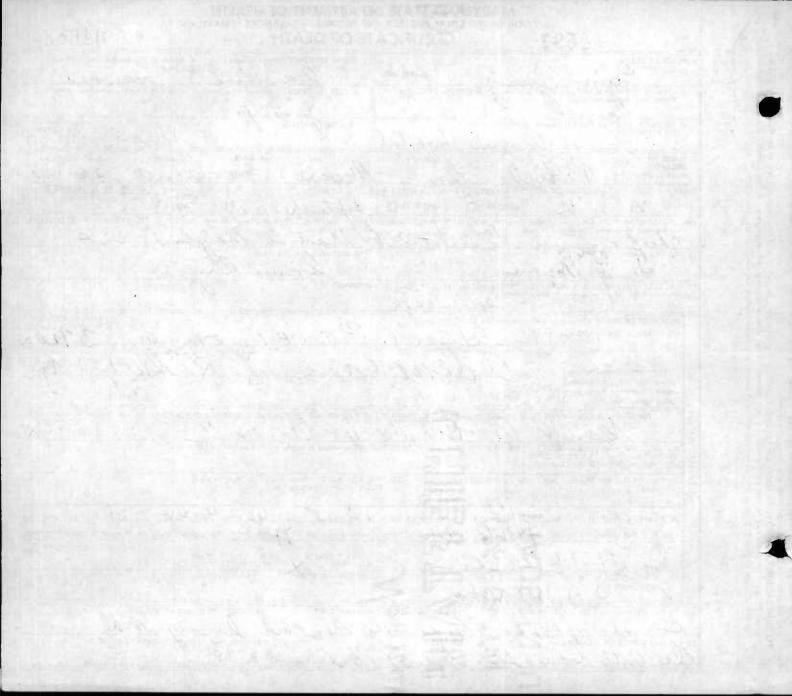
VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4697

04683

1. F	COUNTY	in ale	MAO	MARYLAND 2.	O. STATE	Where deceased live	b. COUNTY	Residence befor	e admission)
ŀ	CITY OR TOWN (III	outside corporate limitorest town)	ts, write c. LENGTH O	F STAY IN 1b	c. CITY OR TOWN (I	f syside corporate	limits, write RURA	L and give nea	rest town)
(		AL (If not in hospitol, o	verse Ha	futal	d. STREET ADDRESS	sup	13	x-2	ON A FARM?
1	NAME OF DECEASED (Type or print)	Rober	it Lu	Middle	Rose	4. DATE OF DEATH	afferi	l 2	Yeor 6 196/
S. S	M M	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED 8. D	estember	9. A		onths Days	Hours Min.
10a	during most of work	ON (Give kind of work of ing life, even if retired)	done 10b KIND OF BUSH	NESS OR INDUSTRY	Mart C	ote or foreign countries. Man	/ /	12. CITIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME	Maa	e	1	4. MOTHER'S MAIDEN	ne Br	yan		
1S. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give war or dates of si	CES? 16. SOCIAL SECUR 2/6-32-0		RMANT	6	Address		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which (b	ade	no Co	Dark and	L'	Kill		RVAL BETWEEN EVAND DEATH  1 1 2
CATION	PART II. OTH	LER SIGNIFICANT CON	DITIONS CONTRIBUTING	MODEATH BUT NO	TRELATED TO THE TER	RMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(o) 19	PERFORMED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW IN	JURY OCCURRED. (I	inter noture of injury	in Port I or Port II o	of item 18.)		
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Doy, Yeo	20d. INJURY OCCURF While Not while of work of work	£ h	OF INJURY (Home, for, street, office bldg.,		rown)	(County)	(Stote)
	saw the deceas	11	oftended the dece		th accurred at 2	19 <b>60</b> ta <b>4</b> PM, fram the			stated abave.
	22c PHYSICIAN'S	1 1/0	rsen	M.D	ATTENDING PHYS.	MED. S. DIRECTOR . P	TAFF PHYS.		22b. DATE SIGNED
	MAME (Type)		ARREN						
1	BURIAL, CREMATIO BMOVAL (Specify)	4/29/	61 Thend	of CEMETERY OR C	nem Pa	23d. LOCATION	(City, town, or c	md	(Stote)
24.	le Witt	SIGNATURE	Lean La	unel	Sal DATE		2Sto REGISTR	AR'S SIGNATUR	



e. IS RESIDENCE

YES NO

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

and in my opinion

DATE SIGNED

(State)

ON A FARM?

Paritions of Printed Servets a loggood of the 1 Toemal telimon formation and the control against A POL L E SUM constructed well and finally had Fire exect 10 mm g May Lite Bushin ione with the allower, bearing the second THE REAL PROPERTY OF THE PARTY Contract of the contract of th TOPE , SE Simon THE TANK TO STORE AT REAL PROPERTY.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m. Be retained by the hospital or attending physician.

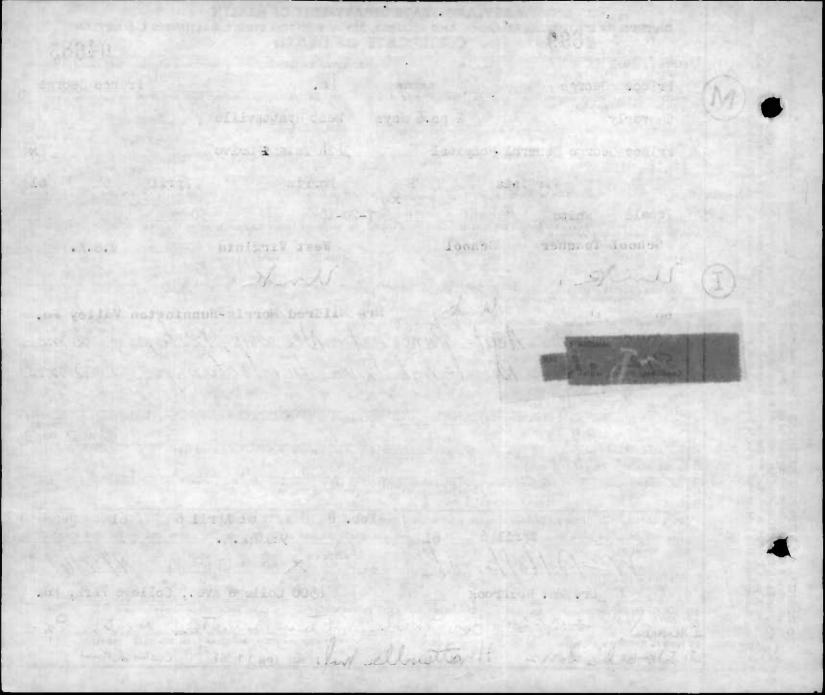
TO FUNERAL DIVECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **DIVISION OF** 04685

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)							
J	a. COUNTY	a. STATE b. COUNTY							
a	Prince George MARYLAND	Md. Prince George							
J	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Cheverly 2 mo.6 days	West Hyattsville							
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?							
1	Prince George General Hospital	3424 Tulant Drive							
4	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF							
	(Typa or print) Virginaa B	Morris DEATH April 6 19 61							
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.							
		7-20-10   last birthday)   Months   Days   Hours   Min.							
1	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if retirad)	RY 11. BIRTHPLACE (County & Stata, or foraign country)   12. CITIZEN OF WHAT COUNTRY?							
1	School Teacher School	West Virginia U.S.A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	Ilm le.	The K.							
٨	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Addrass							
	(Yas, no, or unkown) (Ifyesgiva war or dates of servica)								
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rs Mildred Morris-Hunnington Valley Par							
	ATH WAS CAUSED BY:	ONSET AND DEATH							
ř	immediate cause (a) Acute Cancreatic Necrosis, Costop. 2 mi								
B	DUETO C								
ı	(a) which is buildenal bliverticialectomy 2 mos								
	gave rise to immediate cause	21001-1-001-01-01-01-01-01-01-01-01-01-01							
	(a), stating the underlying DUE TO								
	causa last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	YES NO I							
ı	₹ 20a. ACCIDENT WAS UNDERLYING ☐   20b. DESCRIBE HOW INJURY OCCURE	D. (Entar nature of injury in Part I or Part II of itam 18.)							
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20a. PL.	ACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata)							
	Hour a.m. While Not While factory, street, office bldg., etc.)								
		Feb. 8							
	^/ /	it death occured at							
1	228. SIGNATURE	ATTENDING MED. STAFF 22b. DATE							
		M.D. PHYS. DIRECTOR PHYS.							
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
	Dr. Wm. Holbrook	4500 College Ave., College Park, Md.							
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)							
	PREMOVAL REPORTED HI-10-61 Horesthalls	Cemerter Somerton mondo. Pa.							
	24 FUNERAL DIRECTOR'S SIGNATURE APPRESS	258 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	T. March Jan Huatte	, 11							
	- Louis and the land of the la	Med & DATE APR 11 '61 Civilian S. Thous							



FOR STATE HEALTH DEPT. Page TO DEPUTY MECHAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral din 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and In any everywithin 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of ATTISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	11600
PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission.
PRINCE GEORGE'S MARYLAND	o. STATE MARYLAND  b. COUNTY PRINCE GEORGE S
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
HYATTSVILLE 3 yrs.3 mos.	BRUHESDA 17 4 5 - 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
CARROLL MANOR 4922 LASALLE ROAD	6417 WINNEPEG ROAD ON A FARM
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
DECEASED (Type or print) WILLIAM JOSEPH	OF DEATH
	MORRIS  APRIL  19  19  19  19  19  19  19  19  19  1
3 F A T 493	last birthday)   Months   Days   Hours   Min.
MALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	NOV. 22 1879 81 yrs. 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	U. S. A.
FACTORY FORMAN Needle Factory	News Homoshire
13. PATRICK S NAME	14. MOTHER'S MAIDEN NAME
Michael Morris	Mary O'Neil
(Yes, no, or unkown)   (Ifyesgive werordetes of service)	INFORMANT Address
NO 043-09-3399 W	illiam Joseph Marris In 6417 Winnepeg Road
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	illiam Joseph Morris Jr Bethesda Nerva stween
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Congestive heart	foilume
605 DUE TO	tallule
Conditions, if eny, which \ (b) Toxenia	
geve rise to immediate cause	
(e), steting the underlying Chronic Urinar	y Bladder Infection
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  COLUMN CONTRIBUTING  20b. DESCRIBE HOW INJURY OCCURED. (I)	PERFORMED? YES NOXXX
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of injury In Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
p.m. 19 et work et work	
21. I certify that I took charge of the remains described above, he	old an Autopsy . Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suic	ide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL CONTRACTOR OF THE PARTY	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER 4/12/61
NAME (Type) / James I. Boyd	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OF	
BANDIA (Specify) april 14.1961 Sate Of Hea	rech Chilles Mentarmen County MA
23. FUNERAL DIRECTOR ADDRESS	244 REC'D BY RESISTRAR   26. REGISTRAR SIGNATURE
A DUKUP INDITUTE 254 Cannott De Man Alan	MAPR 1361 Varihun & Kraus
the most will the last the same	THE TOME

4 a tuenta attuen en of District Line BUILTIE CONTRACTOR m to creations with the control of the state submitted your analysis allowed the total COLUMN THE STREET mirroll Island BOOK SHOTOLETE VANCE The Notice and the North of the Control of the Cont -6 m 20 esidesini momento en el sicordo.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

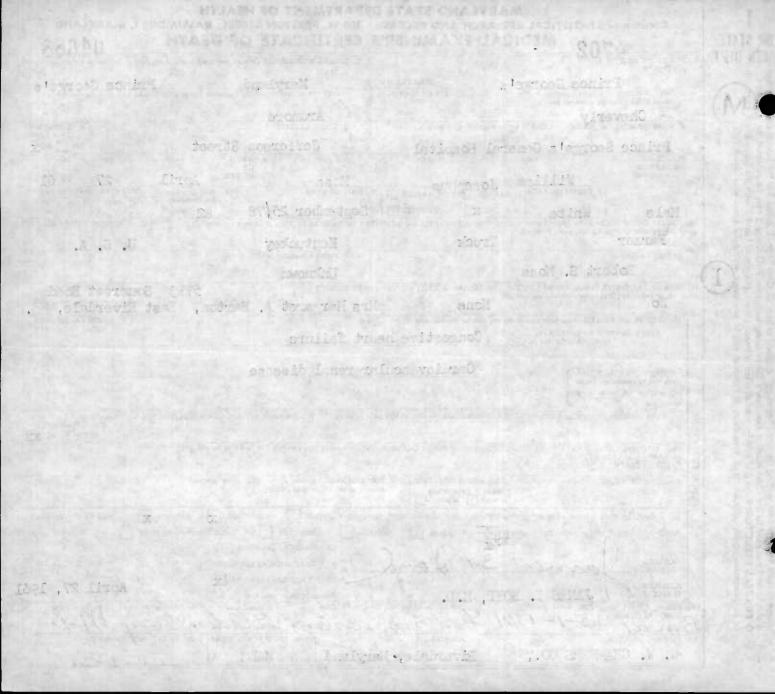
									11400
	CE OF DEATH					DENCE (Where d	laceasad lived, If ins		ca before admission)
	Pri	nce George		MARYLAN	9			Prince (	
		outsida corporate lim give neerest town)	its.	c. LENGTH OF STAY IN	1b c. CITY OR TO	WN (If outside cor	porete limits, write R	RURAL and give	neerest town)
		everly		1 day	Hyatt	sville		07	
d. N	AME OF HOSPITA	AL OR INSTITUTION	(if not in hosp	itel, give street address)	d. STREET ADDI	RESS			e. IS RESIDENCE ON A FARM?
	Prince	Georges G	eneral	Hospital	1,103	Emerson	Street		YES NO
. NAN	AE OF	First		Middle	Lost	4. DATE	Month	Day	Yeer
	EASED or print) has	03037		5	Motton	OF DEATE	April	17	19 61
. SEX	FI	ary-	T MARRIEO	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In yaers   II		IF UNDER 24 HRS.
Toron .					75 36	2005		Months Days	Hours Min.
	emale	White ON (Give kind of wor	WIDOWED	DIVORCED NO OF BUSINESS OR INDU	15 May	County & State, o	75 yrs.	1 12 CITIZEN C	F WHAT COUNTRY
		king life, even if retir		ND OF BUSINESS OR INDU	JSIRT II. BIRIHPLACE (	County & State, o	r toreign country/	12. 01121110	P A
	Non	e e	Hon	sewife	No of the	mice		U,	S.A.
3. FAT	HER'S NAME	-	,		14. MOTHER'S MA	IDEN NAME	1 00	1	
J	Saac	- Hun	NR		ann	ne V.	sker	rake	7
	S DECEASED EVE			SOCIAL SECURITY NO. 1	7. INFORMANT		Address	Same	ませつ
res, no	or unkown) (II	yesgive war or dates of	22	10-32-6258	Robert	-W. mo	rlon	Sarra	
1 1B.	CAUSE OF D	EATH [Enter only on		ne for (a), (b), and (c).)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			IN	TERVAL BETWEEN
								101	NSET AND DEATH
		MAS CAUSED BY:	C	enebual	- Thuon	16031	5		72 hus
Cor	ditions, if eny	Which (but to couse)	9	enebnal			scen		72 hus 5yns
Cor gev (a),	332	which the couse deriving DUE TO	9						72 hus Syns
Cor gev (a),	nditions, if eny, re rise to immedia, steting the unserted to	which the couse declaring DUE TO	9		zed 41	KTEK10	scien	05/5 N IN PART 1(e)	72 hus  5yns  19. WAS AUTOPSY PERFORMED? YES NO 14
Cor gev (a),	additions, if eny, erise to immedia, stelling the unselect.  PART II. OTHER	which the couse declaring DUE TO	O)	ewenuli	Zed A	KTEKIO ERMINAL DISEASE	SCLEN CONDITION GIVE	05/5 N IN PART 1(e)	PERFORMEDI
Cor gev (a), ceu 20a OR (IF E	adillons, if eny, erise to immedia, steting the unselect.  PART II. OTHER  ACCIOENT WA CONTRIBUTING EITHER, NOTIFY  TIME OF INJUI Hour e.m.	MMEDIATE CAUSE (e but to couse derlying DUE TO (c SIGNIFICANT COND CAUSE OF DEATH MEDICAL EXAMINER	ITIONS CON	TRIBUTING TO DEATH BUT	Zed A	ERMINAL DISEASE ry in Pert I or Pert e, ferm.; 20f. (Ci	SCLEN CONDITION GIVE	05/5 N IN PART 1(e)	PERFORMEDI
Correction (a), ceu.	additions, if eny, or rise to immedia, stelling the unselest.  PART II. OTHER  ACCIOENT WACONTRIBUTING EITHER, NOTIFY  TIME OF INJUIT Hour e.m.	DUE TO which the ceuse derlying  SIGNIFICANT COND  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Which Cond Cond Cond Cond Cond Cond Cond Cond	20b. DESC While	TRIBUTING TO DEATH BUT	JRED. (Enter nature of inju	ERMINAL DISEASE  ry in Pert I or Pert  e, ferm. 20f. (Ci	CONDITION GIVES	N IN PART 1(e)	YES NO (Stete)
Correction (a), ceul 20a OR (IF E 20a 21. sav	additions, if eny, erise to immedia, stelling the unselection selection.  ACCIOENT WACCONTRIBUTING CITHER, NOTIFY  TIME OF INJUI Hour e.m., p.m.  I certify the decease	MMEDIATE CAUSE (o which which the ceuse derlying  SIGNIFICANT COND  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Month, Oey, Yo 19 not (I) (this hosp	20b. DESC 20b. DESC eer 20d. II While et work	TRIBUTING TO DEATH BUT	T NOT RELATED TO THE T  JRED. (Enter nature of inju  PLACE OF INJURY (Home factory, street, office bldg	ERMINAL DISEASE  ry in Pert I or Pert  e, ferm. 20f. (Ci	CONDITION GIVER	(County)	YES NO (Stete)  (Stete)  that (I) (we) late stated above
Correction (a), ceul 20a OR (IF E 20a 21. sav	additions, if eny, erise to immedia, stelling the unselection selection.  ACCIOENT WACCONTRIBUTING CITHER, NOTIFY  TIME OF INJUI Hour e.m., p.m.  I certify the	MMEDIATE CAUSE (o which which the ceuse derlying  SIGNIFICANT COND  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Month, Oey, Yo 19 not (I) (this hosp	20b. DESC 20b. DESC eer 20d. II While et work	TRIBUTING TO DEATH BUT  CRIBE HOW INJURY OCCUR  NOT While at work   ded the deceased from	JRED. (Enter nature of injunction of the transfer of the trans	ERMINAL DISEASE  ry in Pert I or Pert  e, ferm. 20f. (Ci  n., etc.) 1  MED.  DIRECTOR	CONDITION GIVER	(County)	YES NO (Stete)  (Stete)  that (I) (we) last stated above 22b. OATE
Cor gev (a), ceu 20a OR (IF E 20c 21. sav 22a	additions, if eny, erise to immedia, stelling the unselection selection.  ACCIOENT WACCONTRIBUTING CITHER, NOTIFY  TIME OF INJUI Hour e.m., p.m.  I certify the decease	MMEDIATE CAUSE (e which which the ceuse derlying Cause of DEATH MEDICAL EXAMINER MEDICAL EX	20b. DESC 20b. DESC White et work  ital) attend  PRIL	TRIBUTING TO DEATH BUT  CRIBE HOW INJURY OCCUR  NJURY OCCURRED 20e.  Not While at work ded the deceased from 1719	JRED. (Enter nature of inju  PLACE OF INJURY (Home factory, street, office bidge)  That death occured  M.D. ATTENDING PHYS.  22d. ADDRESS	erminal Disease ry in Pert I or Pert e, ferm. 20f. (Ci i., etc.) 20f. (Ci at 3, 3.0AM or DIRECTOR	CONDITION GIVEN  II of item 1B.)  ty or town)  Apale  The causes a	(County)	YES NO (Stete)  (Stete)  that (I) (we) last stated above 22b. OATE
Cor gev (e), ceu (IF E 20c OR 21. sav 22a 22a BL	ndillons, if eny, erise to immedia, stetling the unselect.  PART II. OTHER  ACCIOENT WAGE CONTRIBUTING CONTRIBUTING CONTRIBUTING ITHER, NOTIFY the unselected that the contract of the contrac	MMEDIATE CAUSE (e which which the ceuse derlying Cause of DEATH MEDICAL EXAMINER MEDICAL EX	20b. DESC 20b. DESC 20b. desc While et work ital) attend	TRIBUTING TO DEATH BUT  CRIBE HOW INJURY OCCUR  NOT While at work   ded the deceased from	JRED. (Enter nature of injunction)  PLACE OF INJURY (Home factory, street, office bldg of that death occured had death occured had address.  M.D. ATTENDING PHYS.  22d. ADDRESS	erminal Disease ry in Pert I or Pert e, ferm., 20f. (Ci at 3,30AM or DIRECTOR	CONDITION GIVEN  II of item 1B.)  ty or town)  Apale  The causes a	(County)  1719 6.1, and on the d	YES NO (Stete)  (Stete)  that (I) (we) late stated above

Catalog near was good to Catalog Latered margory son his FE, DOLLER W Leiz M. E. C. British and J. Samuel and market Lange V Shingley -(I) Trace Frank Redart W. Mirting South rate D. SAC 4 28 - ACC 45 200 Read work - sand and Canoning of the Hotelsterenting Syns Toping of the Species and the second property and and a second property of Entered State State Entered to Connected Santanas March History And I will be tall the second of the second

VS. A15ME 5M 7/59

E		MEDICAL EXAMIN	IER'S	CERTIFICAT	TE OF DEATH		04688
PT.		PLACE OF DEATH a. COUNTY			CE (Whare dacaasad livad, I		danca befora admission)
1			YLAND AY IN 1b	a. STATE  Mary  c. CITY OR TOWN	b. COU land If outsida corporata limits, wri	Prince	George s
1)		Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat add		36 Ardmor	e		
7	>	d. NAME OF HOSPITAL ON INSTITUTION (if not in hospital, give streat add  Prince George's General Hospital	ress)	d. STREET ADDRESS	son Street		IS RESIDENCE     ON A FARM?     YES NO
		NAME OF First Middle DECEASED (Typa or print) William		Last	4. DATE Mon	_	ay Year
1	5.	SEX 6. COLOR OR RACE 7. MARRIED   THEYER MARRIE	ED B.	MOSS DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	27 19 61 AR   IF UNDER 24 HRS.
		Male White WIDOWED DIVORCE	ED 🗍	September 25	178 last birthday)	Months Dey	s Hours Min.
	10a do	a. USUAL OCCUPATION (Giva kind of work one during most of working life, even if ratirad)			or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	13.	Farmer Truck		14. MOTHER'S MAIDEN	W	U. S	5. A.
T		Robert S. Moss	991	Unknown	IAWWE		
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY N	NO.   17. II	VEORMANT	5743	« Comon	not Do-d
	(Ya	as, no w unkown) (Ifyas giva war or datas of service) None	M-	rs Margaret			set Road erdale, Md.
		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (		- D MCTECTOO	A. Dar von	1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: /Congestiv	e hea:	rt failure			ONSET AND DEATH
		442 V DUE TO					
			scula	r renal dise	ase		
		gava risa to immadiata cause (a), stating the underlying DUE TO					
		causa last. (c)					
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
		208. EXTERNAL CAUSE WAS PRIMARY OF OCCUPANT OF CAUSE OF DEATH.	CCURED. (Er	atar natura of Injury in Par	t I or Part II of itam 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at work		E OF INJURY (Homa, fern ry, street, office bldg., atc		(County)	(State)
		21. I certify that I took charge of the remains described at	bove, hel	d an Autopsy .	Inspection x. Inqui	iry 😿 , ar	nd in my opinion
De.	H	death resulted from: Natural causes Accident	, Suicio	de, Homicide	, Undetermined r	nanner	
		ACTUAL ( )	0	CHIEF MEDICAL			
2		SIGNATURE CONCUENTS	THE	M.D. ASSISTANT MED			DATE SIGNED
di		NAME (1700) JAMES I. BOYD, M.D.	/		city, town, or county)	7	ril 27, 196
1	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CENTRAL SPECIES STATE SPECIES STATE SPECIES STATE SPECIES SPECIES STATE SPECIES SP	WWW.	CREMATORY Con Com	Bladenst	n, or country)	Molista
N	23.	3. FUNERAL DIRECTOR ADDRESS			'D BY REGISTRAR   246. REG	GISTI AR'S SIGN	ATURE
		W. W. CHAMBERS CO., Riverdal	e, Mar	yland DATE	MAY 1 '61	Orthog &	in.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH REET, BALTIMORE 1. MAR **DIVISION OF STATISTICAL RESEARCH AND** Item 9 Film G285 funeral USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH . COUNTY MINCE 90 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pages 1 filled in NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? nemorn YES NO completely NAME OF DECEASED DEATH (Type or print) carbon 5. SEX 6. COLOR OR RACE AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED pue Months Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) 021 8 13. FATHER'S NAME please affending uben WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service Φ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? as NO I 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m CIOR: 21. I certify that (I) (this hospital) attended the deceased from Jan 19. ( ) (hat (I) (we) last ..19. ...., and that death occured at M, from the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE DI SIGNED ATTENDING STAFF PHYS. PHYS. O HOSPITAL death. Page 4 1 M.D. page with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Woodbridge, Virginia Church Cemetery 5 22 April 196 24 FUNERAL DIRECTOR'S SIGNATURE + CO. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE APR 2 4 '61 arthur S. Thous

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Carren Garanory Hoofbythen, Virginia SE TOTAL PRINTERS Land of Francisco St.

MARYLAND STATE DEPARTMENT OF HEALTH

MA	KITAND SIAIE DELAKIWEMI OL UETIU	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
4704	CERTIFICATE OF DEATH	04691

-						
1. PLACE OF DEATE a. COUNTY	H		CTATE	ICE (Where deceased fived, If in b. COUNT	v	1
a. COUNTY Prince	George	MARYLAND	Md.		Prince	George /
b. CITY OR TOWN (	if outside corporate limits, digive nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write I	RAL end give ne	earest town)
Chever	Ty	9 days	La Cher	verly		
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in ho	spitel, give street address)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
Prince	George General		3148	Bellview Avenue	)	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Dey	Yeer
(Type or print)	Anna	Laura	Oderman	DEATH April	11	1961
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers   I		IF UNDER 24 HRS.
Fe.	White WIDOW		8-14-767	83 yrs.	Months Deys	Hours Min.
done during most of we	orking life, exen is detired)  Secrepe  Sph Alle	angle	14. MOTHER'S MAIDEN  NFORMANT	nown	v. s	WHAT COUNTRY?
	If yes give were release feervica)	0.	In Mary	. Carpentes	Somme	2
18. CAUSE OF I	DEATH [Entar only one ceuse per		ma interior of			ERVAL BETWEEN
	TH WAS CAUSED BY:	MuemiA			ONS	2 m os .
41110	IMMEDIATE CAUSE (e)					
Conditions, it on	DUE TO	AdvAN ced	Nephno	schenosis	4 57 20	2 yns,
geve rise to immed	liete ceuse		^			-/
(a), stating the L	underlying DUE TO	ypexTens1	ve Candi	· VASCULAN	DICERSO	5 yns
ceuse lest.	R SIGNIFICANT CONDITIONS CO			INAL DISEASE CONDITION GIVE	N IN PART 1(a) 1 19	. WAS AUTOPSY
PART II. OTHE	a significant continuous <u>so</u>				Y	PERFORMED?
20a. ACCIDENT W	AS UNDERLYING   20b. DE G   CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Part II of item 18.)	<b>HALP</b>	
20c. TIME OF INJU	URY Month, Dey, Yeer 20d. While two	e Not While fect	CE OF INJURY (Home, fer ory, streat, office bldg., at		(County)	(State)
21. I certify	that (I) (this hospital) atter	nded the deceased from	death occured et.	19.5% to		
22a. SIGNATURE	The state of	- Maria	ATTENDING_	MED STAFF		22b. DATE SIGNED
gun	min wond	C Prince	.D. PHYS.	DIRECTOR PHYS.		4/12/61
22c. PHYSICIAN'S NAME (Type		Coneau	3503 Per	rry Street, Mt.	Rainier,	Md.
23e. BURIAL, CREMAT REMOVAL (Specify	110N, 23b. DATE THEREOF	1905. Olive	or CREMATORY	123d. LOCATION (City, tow	or county)	(State)
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS PIVE		EC'D BY REGISTRAR 256 REG	ISTRAR'S SIGNAT	
M. M. CHAN	n berilo. J80	1 Cleveland A	Ve DATE	APR 1 4 '61   a	2. / 600	

Service Said 3-Jan Farana 1/ rosers man man to Cope att THE RESERVE AND LOSS ASSESSED IN The same of the sa The Herman Comment of the Comment of 

## requires that the death certificate be executed within 24 hours after death. Page 4 directa in by a After this certificate has been signed by the attending physician and campletely filled hed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 rial, cremation, ar removal, and in any event within 72 haurs after death. ached for use as the burial-transit permit. haspital or attending physician the registrar priar to burial, cremation,

MARTLAND	SIAIE DEPAKIN	IEMI OF HEALIN-	-DALIMOKE, 10	
4705	CERTIFICA	ATE OF DEATH	R	og. Dist. No.1) 4692
1. PLACE OF DEATH o. COUNTY Prince Georges!	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryl	e deceased lived. If institutions and b. COUNTY	Residence before admission) Pr. Geo!s.
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Brandywine	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out Brandywine	side carparate limits, write RUR	At and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of P.O. Rt 3-Box 150	oddress)	d. STREET ADDRESS P.O. Rt. 3	-Box 150	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Heath	Middle Conrad	Perrie	OF DEATH Apr	
Male White WIDOWE		B. DATE OF BIRTH Nov. 20, 19	05 lost birthdoy) N	UNDER 1 YEAR IF UNDER 74 HRS.  Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  TODACCO FARME  13. FATHER'S NAME	wn Fiarm	Maryland	d	U. S. A.
Lloyd Nelson Perrie	rogui ergungy no [17]	Grace Hy.	tchinson	
NO (if yes, give war or dates of service)	_ N	elson H. Per	Address rie -Same as	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	ne for (o), (b), and (c).]	m Oce	Dusin	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which (b)	Cardin	Luscula	Desei	a my
gave rise to immediate cause (a), staling the <u>under-lying cause last.</u> DUE TO  (c)	Certan	oxlam	-Car B	real / rg
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	al disease condition given	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Po	rt I or Port 11 af item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN While p. m. 19 of work	Not while fo	ACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City ar town)	(County) (Stole)
21. I certify that I attended the decease alive on	and that death	n occurred at & A	//	
ACTUAL SIGNATURE OF A	Capi	M.D. Southern	Md. Medical	fe) DATE SI

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/12/61

22c. NAME OF CEMETERY OR CREMATORY Immenuel Cemetery

22d. LOCATION (City, town, or county)
Horsehead

(Stote) Md.

24a. REC'D BY REGISTRAR

DATELAY

24b. REGISTRAR'S SIGNATURE

may be retained by TO FUNERAL DIRE page 3 should be a VS A1S (4) 1SM 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ritchie Bros.Fun'l Home-Upper Marlhoro,

'61

Culling S. Krans

. Z a but a spic III ECT-G. HELLER HOW . TO TO SEE . . . . CHIEROS CANDON SAPERIN SHOWING ASSESSMENT OF THE PROPERTY THE PROPERTY OF THE PARTY OF TH and the second s CENTER OF CONTROL OF THE PARTY ANTONIO TO BOOK TO TO THE PARTY OF THE

and the second of the second o

4706

TO DEPUTY ME IAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3 to the funeral diverse should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4706 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Mary Land Prince George g  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give neerest town)	c. CITT OK TOWN (If outside corporete limits, write KOKAL end give nearest town)
Cheverly Dead on arriv	al Kentland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
Prince George's General Hospital	760/ Vilmon Street YES NOT
3. NAME OF First Middle	LOOA VITHEL Street
DECEASED	OF
(Type or print) Joseph Albert Pol	lak DEATH April 17, 1961
	. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	March 5, 1902 59 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Maintanance Man University Md	Donnardrania II C A
13. FATHER'S NAME	Pennsylvania U. S. A
Joseph Albert Pollak	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no. or unknown) (If yes alve we rord ales of service)	NFORMANT Address
res wwill and i / Mr	es Ruth E. Pollak, same as # 2
18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Hemorrhage a	and shock ONSET AND DEATH
G C C V DUE TO	
	d on the anterior surface of left elbow
geve rise to immediate couse	a on the carrellor surface of left eloom
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
EV .	PERFORMED? YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. EXTERNAL CAUSE WAS PRIMARY_ OF CONTRIBUTING  CAUSE OF DEATH.	inter neture of injury In Pert I or Pert II of item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
LILL AND PLANT	ace of the left elbow with a razor blade
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA While Not While fects	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
11 300 12	
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes, Accident, Suici	ide Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE CONOV TO	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER April 17th., 1961
NAME Type JAMES I. BOYD, M.D.	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMEJERY OR	
Buria ( april 20, 1961 arlongton 4	Valional arlington Virginia
23. FUNERAL DIRECTOR	16 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W.W. Chambers Co (Twerdale)	Mad & Stand
0 11 0 11 0 11 0 11	DATE APR 18'61   Carthur S. Thatta

Analysis and the second seconds The second second Basidina Lavinsa in sect 150 - The veil Parts 5, 1902 59 of the second Almo Francis Lat. or the relation of the property Lat. REAL AND STORY Jones Antident Police You save , Milley IS that sail the way in fifth Million to William . The way in the sail of the sail o Star by by Markey Taning the fire to end the remember of the innia Cut sucerior entire to the Laid elbowarth a report blane DOLL THE THE Marillan S. L. 1942 - Visine A SE COME TO SERVICE AND SERVI

VS A1S (4) 1SM 9/5S

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	4707		CERTIF	ICATE O	F DEATI			Reg. D	ist. No.	. ()4	169
1. PLACE OF DEATH o. COUNTY	rince Georg	;e	MARYLA	II a STA	RESIDENCE (WITE	here deceased live	d. If instituti b. COUNTY	-	nce befo		ion)
b. CITY OR TOWN ( RURAL and give n	If autside carporate limearest tawn) Oxon Hill	its, write	c. LENGTH OF STAY IN	t 1b c. CIT		uutside carporate l	limits, write R				1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, 5616—Bock			d. ST	5616	Bock Ter	race S	E.			FARM?
3. NAME OF DECEASED (Type or print)	TERE		Middle		lost NZIANO	4. DATE OF DEATH	Mon Apri	nth	lst	•	Year 1961
5. SEX Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED	1/2 7	BIRTH 1 12-1882	l lo	GE (In years sst birthday) yrs.	Months Months	R 1 YEAR Doys	IF UNDI Havrs	Min.
during most of wor HOUSEWI	ON (Give kind of work king life, even if retired LE	dane 10b.	KIND OF BUSINESS OR Omestic		RTHPLACE (State	ar fareign cauntry	<b>'</b> )	12. CI	TIZEN O	F WHAT	COUNTR
Domonic					HER'S MAIDEN N	NAME e Pinono:	rmo				
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of	RCESP 16.	SOCIAL SECURITY NO.	17. INFORMAN Rose Por		Same a	Add	ress			
Conditions, if a gave rise to i cause (a), stating lying cause last.  PART II. OT	mmediate the under-	A. A. 76	ONTRIBUTING TO DEAT						RT 1(a) 1	9. WAS A	AUTOPSY PRMED?
O (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter no	ture af injury in I	Part I ar Part II af	item 18.)				№ □
20c. TIME OF INJUI Have a. m. p. m.	RY Month, Day, Ye	ar 20d. It While at war	Nat while	Oe. PLACE OF IN factory, street	URY (Home, farm office bldg., etc	1, 20f. (City or to	(nwc	(	(Caunty)		(Slote)
	nat I attended the lard 30	19 G	ollosi	M.D. #	2 Parkwa	M, fram the ADDRESS (Street, ay Dr., Fo	e causes a city or town, Forest	stote) Hght	he do	te state	decease ed abav ATE SIGNI 1-61
22a. BURIAL, CREMATIC REMOVAL (Specify	April 3-	61	22c. NAME OF CEMET	ery or cremato	ORY Y	22d. LOCATION Suitlar	(City, tawn, c	or county)		(Stote	e)
23. FUNERAL DIRECTOR	S SIGNATURE Brothus	1661- Washi	Good Hope ngton 20, D	Road S.E	24o. REC	D BY REGISTRAR	24b. REGIS		GNATUR	_	

	-BALTIMORE,		STATE DEPARTM	
DOWN LAW BOTH ON		ITE OF DEATH		
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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () 4695

1. PLACE OF DEATH	II 2. USUAL	RESIDENCE (Where dec	eesed lived, If institution	Residence before edmission)
a. COUNTY	e. STATE		b. COUNTY	
	YLAND Md.	·		nce George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	TAY IN 16 c. CITY	OR TOWN (If outside corpo	rete limits, write RUKAL e	and give neerest town)
Cheverly 12 d		attsvilæe		A PORT OF THE REAL PROPERTY.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street ed	d. STREE	T ADDRESS		IS RESIDENCE     ON A FARM?
Prince George General	1 680	ol Shepherd S	it.	YES NO
3. NAME OF First Middle		4. DATE	Month	Dey Yeer
(Type or print)		OF DEATH		-0 10 4-
Maude		er	April	18 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MAR	RIED   B. DATE OF BII	ζ[Н У.	AGE (In years   IF UNDER	Deys Hours Min.
Female White WIDOWED DIVOR	CED June 4,	1892	68 yrs.	70,0
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHP	LACE (County & Stete, or fo	oreign country)   12. C	ITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Housewife	A ~~	1		77 6 4
13. FATHER'S NAME		'Kansas		U.S.A.
Patrick L. Markin  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY		Anne Huck		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY (Yes, no, or unknown)   (Ifyesgive were references of service)	NO. 17. INFORMANT		Address	
none	Sunte	r A. Porte	r ir	(son)
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and	(c).]	1 216 201 00	.,	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary Emb	oliem			hours
	OLI MIL			nour a
Conditions, if eny, which the Adenocarcinon	o of the mic	ht kidney wid	th improviou	
			M THVASTON	1- 1-
(e), steting the underlying DUE TO OI THE	right renal	vein.		unknown
ceuse lest. (c)		•		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
I V				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING OR CON	Y OCCURED. (Enter nature	of injury in Pert I or Pert II	of item 18.)	1 2
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	)   20e, PLACE OF INJURY	(Home, farm, 20f. (City	or town) IC.	ounty) (State)
ZOc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED While Not While et work et work et work	fectory, street, offi		or lowing (Co	outry) (State)
21. I certify that (I) (this hospital) attended the decea	sed from . Apon.	19 (a), to	18 (A) 1	961, that (I) (we) last
saw the deceased alive on April 18 1961				
228 SUGNATURE		. /		22b. DATE
Barry Knindera	ATTEND PHYS.	MED.	STAFF PHYS.	SIGNED
22c, PHYSICIAN'S	M.D. PHYS.		11.70.	
NAME (Type)				
Barry Roseberg, . 1		1210 Chillum	Manor Rd.	Hyattsville Md
236. DURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF	CEMETERY OF CREMATO	RY/ 23d. 10CA	JON (City, town or cou	nty) (State)
1/11/10 4-21-61 (lite	propland la	cond to	21. 1/2/12	12
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	N/20015	250. REC'D BY REGISTI	RAR 256. REGISTRAR'S	SIGNATURE
( N'LBB 300 H	11/11/2	DAMPR 2 1 '61	arthur &	Henred
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CERTIFICATION

MEDICAL

MARYLAND ST	ATE DEPARTM	MENT OF HEALTH	-BALTIMORE,	18
4710	CERTIFIC	ATE OF DEATH		Reg. Dist. No. 114697
1. PLACE OF DEATH O. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	b. COUN	ution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ADELPHI	ENGTH OF STAY IN 16	500		e RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address of this titution 1929 SARATOGA DRIVE	ess)	d. STREET ADDRESS	ATOGA DRIV	e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF First DECEASED (Type or print) KATTE	Middle MAE	lost PRINCE	4. DATE NOF DEATH AP	Aonth Day Year RII 8 19 67
FEMALE WHITE WIDOWEDK		B. DATE OF BIRTH MAR. 9 1870	9	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER	O OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole of WASH		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME RUFUS STOKES		MARY ELL		SFORD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI (Yes, no, or unknown) (If yes, give war or dates of service)		INFORMANT HELEN C.BURT		SARATOGA DETVE
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(o). (b). and (c).	Purl .		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which ) DUE TO	toning Am	tery Heart	Disease.	12 42215
gove rise to immediate couse (a), stating the under-lying couse lost.	crischerosis	of Samility		12 years
PART II. OTHER SIGNIFICANT CONDITIONS CONT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION (	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRE	ED. (Enter nature of injury in Po	art I or Part II of item 18.)	
Hour o. n. While	Y OCCURRED 20e. PI Not while of work	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased falive on April 8 196/	ram. Apri	1.16		

345

- 10 hours

(Stote)

alive on\_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 7105

PHYSICIAN'S NAME (Type) yaTISville 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

buria Lincoln Prince Georges 23. FUNERAL DIRECTOR'S SIGNATURE 2901ADDRESSTh St. N.W. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

S.H. Hines Co. Washington 9, D.C. Circlin S. Krued. DATE APR-11

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		TO PARILLY SERVICE		C.S. Tients

MARYLAND STATE DEPARTMENT OF HEALTH

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	2. USUAL RESIDEN	CE (Where de			ce before edmission)
AND	e. STATE		b. COUN		
IN 1b	c. CITY OR TOWN (	ce Geo:	rge s	Mary La	nearest town)
	X				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	d. STREET ADDRESS	rine			
s)	d. STREET ADDRESS				IS RESIDENCE     ON A FARM?
	Route #	2	Box 420		YES TO
	Last	4. DATE	Month	Dey	Yeer
	roctor	OF DEATH	April	29	19 61
8. 1	DATE OF BIRTH	9.	AGE (In years lest birthday)		IF UNDER 24 HRS.
	une 29, 190	)4	56 yrs.	Months Deys	Hours Min.
NDUSTRY	11. BIRTHPLACE (State			1 12. CITIZEN C	F WHAT COUNTRY?
	Maryland			US	A
1	4. MOTHER'S MAIDEN	NAME			
-	Bertha F	meter			
. 17. IN	FORMANT	100001	Address		
		3FA L -1			1/3
Mrs	Janell Mar	y Mitch	Jett, Bi	The same of the sa	and the same of th
				IN OI	TERVAL BETWEEN
rania	1 Hemorrhag	e			
vascu	lar renal d	isease			
BUT NOT	RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY
					PERFORMED?
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URED. (Ent	er neture of injury in Per	I or Pert II of	item 18.]		
Oe. PLACE	OF INJURY (Home, ferm , street, office bldg., etc.	20f. (City	or town)	(County)	(State)
ve. held	an Autopsy .	Inspection :	Inquir	v X and	in my opinion
Suicide			determined m	-	iii iiiy opiiioii
()	CHIEF MEDICAL I	EXAMINER			
AX =	M.D. ASSISTANT MED	ICAL EXAMINE	R	1	ATE SIGNED
	DEPUTY MEDICAL	EXAMINER	2 4/	29/61	
	Address (Street,	city, town, or c	ounty)		
1	REMATORY	22d. LOCATI	ON (City, town,	or country)	(Stete)
ersi	24a. REC	D 8Y REGISTR	AR I 24b. REGI	STRAP'S SIGNAT	URE
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Lind Coowels - town I ond A TOUR OF THE THE STATE OF THE TORREST TITALS ADA Tarthe # 2 Parts - 60 first track firsters simple since Lime to the contract June 129, 1964 56 Legisle Colored Thrine Wife Co. Ene \*\*\*\* \*\*\* \*\*\* Tent os Pines The state of the s Man wended by Many M. wheels, Maradovine, Mc Intra chailed Herorettee SHOW IN STREET OF TOWN YOU THE OWNER. Talpelle - The Mountain

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 m. the retained by the hospital or attending physician.

S > IO FUNERAL DISCETOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

B. COUNTY Prince Georges  MARYLAND B. CITY OR TOWN (if coulded corporate limits, write RURAL and give nearest fown)  List on the corporate limits, write RURAL and give nearest fown)  List on the corporate limits, write RURAL and give nearest fown)  List on the corporate limits, write RURAL and give nearest fown)  List on the corporate limits, write RURAL and give nearest fown)  List on the first on the heightel, give street address)  Prince Georges  First on the corporate limits, write RURAL and give nearest fown)  J. ARAME OF PRINCEGEORGE General Hospital  3. NAME OF FIRST on the corporate limits, write RURAL and give nearest fown)  J. ARAME OF FIRST on the corporate limits, write RURAL and give nearest fown)  J. ARAME OF FIRST on the corporate limits, write RURAL and give nearest fown)  D. SSNA OCCIOR ROLE TO, MARRIED NEVER MARRIED OF PUNCACED PROCESS OF POCTOR  DEATH April 1 Rd.  J. ARE DEATH OF PUNCACED OF THE PROCESS OF ROLUSTRY II. BISTRIPLACE (County & State, or foreign country)  D. COUNT PROCESS OF WAS A COUNT OF WHAT COUNTRY does damage mould diverking inc. even if retired Dio Rury Land Office and the work of working inc. even if retired Dio Rury Land Office and the work of the work of the country of the cou	MARYLAND STATE D	EPARTMENT OF HEALTH
1. PLACE OF DEATH  S. COUNTY Prince: Georges  MARYLAND  B. CHYON III cubids components limits.  C. LENGTH of STAY IN to  S. STATE Maryland  C. CHYON III cubids components limits.  MARYLAND  B. CHYON III cubids components limits.  C. LENGTH of STAY IN to  S. STATE Maryland  C. CHYON III cubids components limits.  C. LENGTH of STAY IN to  S. STATE Maryland  C. CHYON III cubids components limits.  C. LENGTH of STAY IN to  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHYON III cubids components limits, while BURAL and give meased loved.  S. STATE Maryland  C. CHY	DIVISION OF STATISTICAL RESEARCH AND RECORD	3.00
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b. CITY OR TOWN If decided corporate limit, write RURAL and give nearest fown)  Cheverly  13 days  Oxen Hill  3, ANALED FORDSTIAL OR INSTITUTION (If not in hespite), give size 4 address)  PrinceGeorges General Hospital  5, NAME OF FIRST  NIGIDIE  Proctor  First  Middle  Lest  1, DATE Month  Day Year  Chype or pinit)  Vivian  Proctor  DEATH  Appril 20, 19 61  5, SEX  6, COLOR OR RACE 7, MARRIED   NEVER MARRIED	1. PLACE OF DEATH	
Steel Address	m	Maryland B. COONT Prince Georges
Cheverly  A. MAME of Hospital or Institution (it not in hospital, give virted address)  PrinceGeorges General Hospital  S. NARE OF  PrinceGeorges General Hospital  Proctor  S. SEX  S. COLOR RACE (7, MARRIED   NEVER MARRIED   NO FOR FOR FOR FOR FOR FOR FOR FOR FOR FO	b. CITY OR TOWN (if outside corporete limits, write RURAL and give pagest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
PrinceGeorges General Hospital    Silus		Oxen Hill
Prince Georges General Hospital    Shill   Shi	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	
DECEMBED (Type or print) (Type	PrinceGeorges General Hospital	
CAUSE OF DEATH   Enter only one course part line for (a), (b), and (c)   Conditions, if any, which gave that CAUSE (b)   DUE TO CONTRIBUTING CAUSE (b)   DUE TO CONTRIBUTING CAUSE (c)   DUE TO CONTRIBUTING CAUSE (c)   DUE TO CONTRIBUTING CAUSE (c)   DUE TO Conditions, if any, which gave that CAUSE (c)   DUE TO Conditions, if any, which gave that CAUSE (c)   DUE TO Conditions, if any, which gave that Contributed (a), islaing the underlying   Due TO Conditions, if any, which gave that Contributed (a), islaing the underlying   Due TO Conditions, if any, which gave that Contributed (a), islaing the underlying   Due TO Conditions, if any, which gave that Contributed (a), islaing the underlying   Due TO Conditions, if any, which gave that to CAUSE OF DEATH (b)   Due TO Conditions, if any, which gave that to CAUSE (c)   Du		
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13. FATHER'S NAME  14. MOTHER'S MADEN NAME    14. MOTHER'S MADEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FOCKES  16. SOCIAL SECURITY NO. U. INFORMANT   18. CAUSE OF DEATH [Enier only one ceuse per line for (e). (b). end (c).   Social Security No. U. INFORMANT   18. CAUSE OF DEATH [Enier only one ceuse per line for (e). (b). end (c).   Social Security No. U. INFORMANT   18. CAUSE OF DEATH [Enier only one ceuse per line for (e). (b). end (c).   Social Security No. U. INFORMANT   18. CAUSE OF DEATH [Enier only one ceuse per line for (e). (b). end (c).   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Enier only one ceuse per line for (e). (b). end (c).   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Enier only one ceuse per line for (e). (b). end (c).   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Social Security No. U. INFORMANT   18. CAUSE OF DEATH   Social Security No. U. INFORMANT   19. WAS AUTORY	4.4	Maryland U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FC.CEST (Yas, np. of upbown) [If yas give wear or discolar envice)  16. SOCIAL SECURITY NO.  18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), end (c).  18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), end (c).  18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), end (c).  19. PART I, DEATH WAS CAUSED BY:  10. IMMEDIATE CAUSE (e)  10. DUE TO  10. Conditions, if env, which gave rise to immediate cause (a), slesting the underlying (a), slesting the underlying (a), slesting the underlying (a), clesting the underlying (b)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Anjury in Part I or Pert II of item 18.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Anjury in Part I or Pert II of item 18.)  20c. TIME OF INJURY Month, Day, Yeer  10 Hour e.m.  10 Hour e.m.  10 How is at work  21. I certify that (I) (this hospital) attended the deceased from	13. FATHER'S NAME	
15. WAS DECEASED EYER IN U.S. ARMED FCICES?  (Yas, np, of unbown) (lifystagivewarcidalesolasorice)  18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c), a	Joseph S. Proctor	Marian Proctor
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c)   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)   DUE TO	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT
18. CAUSE OF DEATH   Enter only one ceuse per line for (e), (b), end (c).   PART I. DEATH WAS CAUSED BY:	(Tas, ne, of unkown) (If yas give war or dates of service)	oseph S. Proctor Waldont, Md.
DUE TO  Conditions, if eny, which geve rise to timmediate cause (a), stelling the underlying course last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES DO DESCRIPTION INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of item 18.)  TO CONTRIBUTING CAUSE of DEATH (I) ETHER, NOTIFY MEDICAL EXAMINER!  20c. TIME OF INJURY Month, Dev, Yeer Hour e.m.  p.m.  19 al work of story, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c)	INTERVAL BETWEEN
Conditions, if eny, which geve rise to immedieta cause (a), stelling the underlying cause last.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TERMINAL DIBEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCOURTED TO THE TE	PART I. DEATH WAS CAUSED BY:	shuitay + alle
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   YES	geve risa to immedieta cause	
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20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., P.m. 19 20d. INJURY OCCURRED While at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 19 20f. (City or town) (County) (Stete) 19 20f. (City or town) (County) (County) (Stete) 19 20f. (City or town) (County) (C	In Interior	PERFORMED?
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21. I certify that (I) (this hospital) attended the deceased from		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	Hour e.m. While Not While fe	actory, street, office bldg., etc.)
saw the deceased alive on		10 1 10 11 (1) ( )
226. SIGNATURE  226. SIGNATURE  ATTENDING MED. STAFF PHYS.  226. PHYSICIAN'S DIRECTOR PHYS.  226. ADDRESS HUGHES VILLE MICH PHYS.  227. PHYSICIAN'S DIRECTOR PHYS.  228. BURIAL, CREMATION, 23b. DATE THEREOF PHYS.  230. BURIAL, CREMATION, 23b. DATE THEREOF PHYS.  23c. BURIAL, CREMATION, 23b. DATE THEREOF PHYS.  25c. BECCO BY REGISTRAR 25b. REGISTRAR SIGNATURE	21. I certify that (I) (this hospital) attended the deceased from	6 1 5 AM
22c. PHYS.CIAN'S AME (Type) John W. Perkins  22d. ADDRESS Hygtts Ville, Max  22d. ADDRESS Hygtts Ville, Max  23d. Location (City, lown or county)  23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  4-26-61  24 ENDRESS ADDRESS AD		
22c. PHYSICIAN'S AME (Type) John W. Perkins 22d. ADDRESS Hyghts Ville, May 23d. Location (City, lown or county) (Stele)  23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c, MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stele)  24. ENDERAL DIRECTOR'S SIGNATURE  24. ENDERAL DIRECTOR'S SIGNATURE	220. SIGNATURE	ATTENDING MED. STAFF SIGN
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c, MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stote)  24. ENDERAL DIRECTOR'S SIGNATURE  ADDRESS A 25b. REGISTRAR'S SIGNATURE		M.D.
REMOVAL (Specify) 4-26-61 MH. OLIVET Washington D.C.		Huatte "1/e mo
REMOVAL (Specify) 4-26-61 MH. OLIVET Washington D.C.	AND ALTERNATION LOS DATE VILEBOOK 122 NAME OF CONSTEN	V OR CREAL TORY 123d 10CATION (Site Journey County) (State)
Hent Frencial Home Waldorf Med- 250. REC'D BY REGISTRAR'S SIGNATURE DATE ON THE CANAL S. THERE	REMOVAL (Specify)	Livet Washington, D.C.
	24 FUNERAL DIRECTOR'S SIGNATURE Home Haldor	DATE AX 1 '61 CITCHER 256. REGISTRAR'S SIGNATURE CITCHER 2. Through

. On I Live most fine . . . Live work is now to describe Joseph S Proctor wordowf, Md to be a superior of the same o - W. A. appelle many many of the many

# FOR STATE Page . files. TO DEPUTY ME AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease execute the Sertificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3 to the funeral direction of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 boar after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

division of SI	Alistical Keseak	CH AND RECORDS,	301 W. PRESION	SIKEEL, BALLIMOKE I,
1 17715	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	4713 MEDI	CAL EXAMINER'S	CERTIFICAT	E OF DEATH	04700
	ACE OF DEATH			E (Where deceased lived, If Ir	
	Prince George's	MARYLAND	•. STA Marylar	rd b. coun	Frince George's
Ь.	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	
100	Cheverly	D.O.A.	Berkshin	re	
	NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
PT	ince George's Genera	T Hospitar	7404 Inse	ey Street S. E.	YES NO
	AME OF First	Middle	Last	4. DATE Month	Day Year
	ype or print) Rufus		liam	DEATH April	29 1961
5. SE	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In years last birthday)	
14	lale White ,	WIDOWED DIVORCED	Nov14,1886		Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
2	Salesman	Retured	Virginia		U. S. A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Randalph Ransom	Pulliam	Elizabeth (	Gaunt	
15. W	AS DECEASED EVER N U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
Y	es (Ifyesgive war or dates of services)	578-05-0419 Mr	s Edna L. Und	derwood, same	as # 2
1	8. CAUSE OF DEATH [Enter only one ca				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute congesti	ve heart fai	lure	ONSET AND DEATH
	442 X DUE TO				
0	Conditions, if any, which (b)	Cardiovascular	renal disea	se	
	a), stating the underlying DUE TO				
	ausa last. (c)				
NO -	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
EA.					YES NO T
2 P	Oa. EXTERNAL CAUSE WAS RIMARY Or CONTRIBUTING CAUSE OF DEATH.	. DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Part	I or Part II of item 18.)	
3 2	Oc. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm,		(County) (State)
MEDICAL	Hour a.m.	While Not While factor	ory, street, office bldg., etc.)		
-	21. I certify that I took charge of	<u> </u>	ld an Autonsy 🗔	Inspection Inquiry	and in my opinion
	death resulted from: Natural caus			, Undetermined ma	The state of the s
		100	CHIEF MEDICAL E		
	ACTUAL 6	2 / 1 / -	ASSISTANT MEDI	_	DATE SIGNED
	BIGNATURE	71 00	DEPUTY MEDICAL		29/61
	NAME (Type) James I. Box	vd.		ity, town, or county)	
22a. B	URIAL, CREMATION, 226. DATE THEREOF			22d. LOCATION (City, town,	or country) (State)
	urial 5-2-61	Cedar Hill	1 - 1 - 1 - 1	Suitland, M	d.
_	FUNERAL DIRECTOR	ADDRESS	24a. REC'	D BY REGISTRAR   246. REGIS	STRAR'S SIGNATURE
	Lee Funeral Home.	Washington D.C	. DATE M	AY 3 '61 a	reling S. Krons
			I DATE		

a lower of sontill a lease of algebra en Markett Land Land A Provincia Prince George Laterand Investral . I . I Short E wash low the first section Ecr. 2A, 1836 PA Similar ST tuno atsinili milita penael deleta, Fred -0-10 Mrs Mar. L. Underwood, since as the DOWN COM SENTEN BE OF LETTERS Server is former water to the opposite Jane J. Lord T. Lord Con Pire water the Control of the Print THE SHELDERS WITH and in the same of the same of

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNT b. COUNTY . CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ofiside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Russl-Washington 22 Gt d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED (Type or print) DEATH 196 5. SEX 9/AGE (In years last birthday) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED 2 DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State onforeign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life/even if retired) puo 13. FATHER'S NAME anne 15. WAS DECEASED EVER IN U. S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). DUE TO LOSCLEVOSIE SEN Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part H of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy. Year (County) (Stote) factory, street, affice bldg., etc.) Hour a. m While Not while at work at work 21. I certify that I attended the deceased from. 19.6/ that I last saw the deceased and that death accurred at M. fram the causes and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) OVAL (Specifi 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 2 8 arthur S. Kraus 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	CERTIFICATE OF DEATH	
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4715

Reg. Dist. No. 114702

1. PLACE OF DEATH o. COUNTY	3005	MARYLA	II a STATE	DENCE (Where decease	ed lived. If institut b. COUNIX		
b. CITY OR TOWN (If or RURAL and give near	1	c. LENGTH OF STAY IN	1	TOWN (If outside corp	orate limits, write		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street Crest A	address)	d. STREET		st Ave	2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Irene	Middle	Ristor	OF	Moi	br	Doy Year 7 19 6 /
5. sex Female	White WIDOW		pr/	11 1887	9. AGE (In years last birthday) 73 yrs.	IF UNDER 1 YE Manths Day	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION during most of working HOUSE W  13. FATHER'S NAME	. /	NIND OF BUSINESS OR	ne Fai	ACE (State ar foreign of State V)	Y & Jara	12. CITIZEN	J. S. A .
Sandy	Harrover		130	abelle	Lyles		
1S. WAS DECEASED EVER I (Yes. no. or uphnown) (If	N U. S. ARMED FORCES? 16. yes, give wor or dates of service)	SOCIAL SECURITY NO.	Dorothy	L Priston		rest Av	e Cheverly Ma
PART I. DEATH		Congest Pulmon	ive He ary Er	art Fanbhysen	ilure		NTERVAL BETWEEN NSET AND DEATH 2 Weeks
gave rise to imm cause (a), stoling the lying cause last.	o under-	hronie	Bronet	rial As	thma		14 Years
ZA	SIGNIFICANT CONDITIONS					VEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING   20b. DES CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part I or Pa	rt II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Year 20d. II 19 While at war	Nat while	De. PLACE OF INJURY ( factory, street, office	Hame, farm, 20f. (Cit bldg., etc.)	y or lawn)	(Coun	ly) (State)
21. I certify that alive on H by ACTUAL SIGNATURE	ottended the deceases 1) 6 , 19 (		2 , 1961 leath accurred at	ADDRESS (S	m the causes of treet, city or town,	and an the a	saw the deceased date stated above.  DATE SIGNED  14 by 7, 196
PHYSICIAN'S W	Suit Tr	tehre		Jash :	27 D	9	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	4/10/61		ERY OR CREMATORY Hill Ceme	147	TION (City, town, shington		(State)
23. FUNERAL DIRECTOR'S S	ignature h's Sons Hya	ADDRESS ttsville M	4	DATE APR 11	0.4	strar's signal	

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shifther registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

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	Dellicat Des Add Warrello de populares		
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	Destruction of the second		STATE AND ST

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY e. STATE b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 write RURAL end give neerest town) tes 1, 2, and 3 to the funeral dir Page 5 may be retained for your 1 land 2 with the State Board or 72 hours after death Cheverly Dead on arri Dead on arrival Board Prince George's General Hospital DECEASED (Type or print) Ward Robinson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY " in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File pages 1 and moval, and in any event withlin 72 done during most of working life, even if retired) Carpenter Construction 13. FATHER'S NAME Daniel W. Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give wer or detes of service) Yes WI 4/6-/8-3345 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Coronary artery disease gave rise to immediate causa DUE TO (e), steting the underlying Medical Examiner SE cremation, artificate, writing the word plnods 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Not While fectory, street, office bldg., etc.) et work et work Natural causes death resulted from: Accident Suicide . ACTUAL SIGNATURE NAME (Type) 22e. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 40 A15ME

2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) b. COUNTY Prince George's c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) North Forestville e. IS RESIDENCE ON A FARM? 80th., YES NO X DEATH 19 61 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 14. MOTHER'S MAIDEN NAME Annie E. Ward Address Mrs. Mary E. Robinson Same as #2 INTERVAL BETWEEN ONSET AND DEATH Acute Congestive heart failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)| 19. WAS AUTOPSY PERFORMED? Lobar pneumonia April 19 and 20, 1961

AUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) NO TO 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stete) 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection and in my opinion Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER April 24th., 1961 Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (Stete) 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATAPR 2 7 '61

5M 7/59

fine to the first that the second comins niegroed souled selfinderet drotte Lerica no bori Briggs Sarryale Backs & Foundation | 1918 - 1918 - 1918 - 1918 To a real of the A real of the Army very tolo production and the second Sandymell self-transfer self-t W.S. W. the A. Herd Treated W. Raingon San San Esta Jacob Established College Live in the Line of the contract of The second second Jack , All Hims Tanna I. Boyd, M.A.

VS A15 (4) 15M 9/55

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d by the attending physician and completely filled in by the gral director,	be filed with	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

1	4	7	0	4
5.7	mills.	- 60	$\cup$	- 30

7 pm -d pm	Reg. Dist. No.	
PLACE OF DEATH OF CHEORETIAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE of COUNTY PROFES	on)
b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
RURAL and give nearest town) FOREST VILLE 3 YRS	FORESTUILLE 22	
d. NAME OF HOSPITAL (If not in hospital, give street address)		DENCE
8106 Park Blud.	d. STREET ADDRESS RIOG PARK BLVD / YES [	
	OF OF	961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  MARCH 7, 1901  9. AGE (In years IF UNDER I YEAR IF UNDER I Months Days Hours Oyrs)  Months Days Hours	Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT (	COUNT
CLERK DEPT STORE	- VIRGINIA USA	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
THOMAS CUIVNINGHAM	unknown	
	INFORMANT Address	
Yes, no, or wathrough) (If yes, give wor or dates of service) 217-32-0664	RICHARD KOTHMAN 8106 1/K BLUT	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BET	
PART I. DEATH WAS CAUSED BY: BORONAR.	1 THROHBOSIS ONSET AND I	
420 DUE TO		
	LEROTIC HEART VISEASE 2 YR	25
gave rise to immediate Dus To		- /
lying couse lost.	[1] [2] [1] [1] (1) (2) (2) [2] (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A	UTOPSY
ARTERIAL HYPERT	ENSION PERFOR	MED?
	ED. (Enter noture of injury in Port 1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, farm, 20f. (City ar town) (County) octary, street, office bldg., etc.)!	(State
p. m. 19 at work at work		
21. I certify that I attended the deceased from JAN 1	, 1959, to APR YY , 1961, that I last saw the c	deceas
alive on APR TY 1961 and that deat	h occurred at 9 A.M., from the causes and an the date states	d abo
dive on I and that deat	n occurred diL/N, from the causes and an the date states	
alive on and that dear	ADDRESS (Street, city or town, state) DAT	F SIGN
ACTUAL SIGNATURE Daniel & M Augur		TE SIGN
LACTUAL Navional DEN Sugar	ADDRESS (Street, city or town, state) DAT	TE SIGN
PHYSICIAN'S SAMUEL J, N. SUGAR  20. BURLA, CREMATION, 226. DATE THEREOF  PENCOVAL (Specific)  226. NAME of CEMETERS OF	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  BASTERN AVE 4  WASHINGTON 18, DC,  DR CREMATORY, J22d, JOCATION (City, town, or county) (Syste)	122
PHYSICIAN'S SAMUEL J. N. SUGAR  20. BURIAL, CREMATION, 226. DATE THEREOF  BEMOVAL (Specify) 4-25-61 Washingto	ADDRESS (Street, city or town, state)  M.D. 4637 EASTERN AVE 4/  WASHINGTON 18, DC,  DR CREMATORY 22d. IOCATION (City, town, or county)  Sylvational Suitland, Marylan	122
PHYSICIAN'S SAMUEL J, N. SUGAR  20. BURLA, CREMATION, 226. DATE THEREOF  PENCOVAL (Specific)  226. NAME of CEMETERS OF	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  BASTERN AVE 4  WASHINGTON 18, DC,  DR CREMATORY, J22d, JOCATION (City, town, or county) (Syste)	122

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE

CERTIFICATE OF DEATH N. A. S. E. a. M. P. L. S. WOODERS IN THE PARTY OF SHARE WHEN 

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidance before admission) 1. PLACE OF DEATH b. COUNTY PrinceGeorges a. COUNTY rince Georges Maryland MARYLAND 227 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Bladensburg Cheverly ll days after filled in Pages 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours 4917 Prince Georges General Hospital Taylor Street completely requires that the death certificate be executed 3. NAME OF 4. DATE Month 72 DECEASED OF (Typa or print) S DEATH Arthur Ryan April and con 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED Oct. Male physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? emove 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) dona during most of working lifa, even if retired) West Virginia Retired any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Rebecca Mathis John Ryan a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yas, no, or unkown) | (If yas give war or dates of sarvica 4917 Taylor st. Bladensburg Md. Mary D. Ryan the 18. CAUSE OF DEATH [Enter only one cause-per line for (a), (b), and (c). signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO certificate has been gava risa to immediata causa DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital 98 use prior 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Month, Day, Year factory, street, offica bldg., atc.) Not While Hour am While at work at work CIOR 21. I certify that (I) (this hospital) attended the deceased from ... the deceased alive on. 22a. 610 NATURE MED ATTENDING DI STAFF DIRECTOR PHYS. PHYS. M.D FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Mt. Rainier.. Md ageage. filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF di di Lost City 0 Lost City REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur & Trave Vienna, Virginia 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

19 61

PERFORMED?

NO T

(State)

DATE

(Stata)

West Virginia

SIGNED

IF UNDER 24 HRS.

U.S.A.

Year

Continued to the second appropriate the second Streetly at a con it with the plant of The second design of the secon to the control of the Comment of the commen Mest Virelnia ... Exited Consist berg m From 1917 Carlor more in grad einigelt seet with seas the cuts, seas the lidered to the Selfe Committee to a selection of the selection and the selection of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1147116 CERTIFICATE OF DEATH 4719 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY o. STATE Marvland filed b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give negrest town)
Forrestville 58 Years Forrestville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution 4361 Armstrong Lane ON A FARM? 4361 Armstrong Lane YES NO IN NAME OF DECEASED First Middle last 4. DATE Month Year OF DEATH ESTELLE RYON APRIL 19 61 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Days Female White Hours Nov. 26, 1902 WIDOWED [ DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Maryland Housewife At Home pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Fowler Laura Brady Forrestville IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, 50, or Robert Ryon 4361 Armstrong Lane. Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO P Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗌 NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) (State) factory, street, office bldg., etc. While at work at work 21. I certify that I attended the deceased from Dec Athat I last saw the deceased and that death accurred at M. from the causes and an the date stated above. DATE SIGNED 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Epiphany Church Cemetery he Burial Forestville Marvland 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 517 11th St., S.E. Wash, DC DATE

APR 2 5 '61

	CERTIFICA		
September 1920 Peter - Andrews House Bern Steiner			
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M	ARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
4720	CERTIFICATE OF DEATH	04707

	S Follows						V ·
1. PLACE OF DEAT			2. USUAL RESIDEN		lived, If institution: Reb. COUNTY		admission)
Pr	ince George	MARYLAND		ryland		ice Geo	rge
	(if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin	mits, write RURAL and	give nearest tow	vn)
Riverdal	d give neerest town)		k River	dale	05		
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in	hospital, giva straet address)	d. STREET ADDRESS				ESIDENCE A FARM?
6213 44t	h Avenue		6213 44th	-		YES	М [
3. NAME OF DECEASED	First	Middle	CHLOER	4. DATE OF	Month	Dey Yee	
(Type or print)	MARY	B. SC	LLOEK	DEATH	April	21, 19	61
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH		(In yeers   IF UNDER 1 Y		R 24 HRS.
Female		OWED X DIVORCED	Oct. 13, 18	18 82	yrs.		
10a. USUAL OCCUPA	rocking life even if retired)	b. KIND OF BUSINESS OR INDUS				ZEN OF WHAT	COUNTRY
Housewife	3	Own Home	Marylan	d	U.S	5. A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Julius I				et Schmidt			
	VER IN U.S. ARMED FORCES? (Ifyes give weror detes of service)		INFORMANT		Address	".	
no	Katalan III II E. Ca	none 1	Miss Margar	et A. Schl	oer Same		
1 1	DEATH [Enter only one couse	per line for (e), (b), end (c).]	01	11	1	ONSET AND	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ongeste	rel Alle	3-17 Fac	luge		
420	DUE TO	a 4/1	0 1	A 11	1111		
Conditions, if en	y, which ) (b) (1	plento,	Sclerol	ic Heart	Nessors.	1	
geve rise to imme	DIJE TO						
(a), stating that causa last.	Underlying (c)						
Z PART II. OTH		CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART	1(e) 19. WAS	AUTOPSY ORMED?
ATI						YES T	NO 2
		DESCRIBE HOW INJURY OCCUR	ED. (Enter natura of injury in	n Part I or Part II of item	m 18.)		
OR CONTRIBUTING	G CAUSE OF DEATH						
ZDc. TIME OF INJ	JURY Month, Dey, Year   2		LACE OF INJURY (Home, fa		vn) (Coun	ity)	(State)
2Dc. TIME OF INJ	- at	Vhile Not While for work at work	actory, streat, office bldg., et	lc.)			
			BOL	10/0 10	-12, 19%	/ sheet (1)	(wa) la
21. I certify	that (I) (Ihis hospital) at	ttended the deceased from	na				
		9 19(d), and th	al death occured at/.	M, from the	causes and on II		b. DATE
22e. SIGNATURE	APP. 1.	12	ATTENDING	MED. STA	AFF	***	SIGNE
DUNGICIAN!	Murces		M.D. PHYS.	DIRECTOR PH	13.		
22c. PHYSICIAN' NAME (Typ			III. Noontoo				
23a BURIAL CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CHENAXION	23d. LOCATION	(City, town or county	r) (S	State)
Burial (Specif	y) 4/24/61	Ft. Lincol		Colman	Manor,	1	Md.
24 FUNERAL DIRECTO		ADDRESS		EC'D BY REGISTRAR		SIGNATURE	
	Gasch's Sons	Hyattsville,			arthur S. Ku		
I Francis	rascii s Suiis	Try acts ville,	TITLE & TOWN HOWIE!	-			

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mages retained by the hospital or attending physician.

TO FUNERAL DINECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

\*, ter toest ethin a manyta life toest ething 31108 601111 0.80:01.1 6785 (0 .5) ealth elsast 4 ar arco to mi Torres childle amo was Miss Mar arose. Schlost farte en se de si company de la company de a company Francis cascals Bone Hyamarine, Mary and MARZEN

VS A15 (4) 1SM 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4721 CERTIFICATE OF DEATH

Reg. Dist. No. (1471)8

	PLACE OF DEATH					2. USUAL RESI	,_						
	Prin	ce George	S	MARYL	AND	0. 31ATE	Maryl	.and	b. COUR	Pri	nce Ge	orge	e's
	b. CITY OR TOWN (If RURAL and give ner	outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b				rote limits, writ	e RURAL	and give ned	rest tow	n)
		verdale		l year		16	River	dale					
	OR INSTITUTION	L (If not in hospital, g				d. STREET	ADDRESS	- A sable	100-11	Δ	V/=	e. IS RES	SIDENCE FARM?
	6111 Ker	nilworth	Aver	nue		1611	KE	יעואן	OKIH	17	VL		NO
	NAME OF DECEASED	Fir	sf	Middle		Los	st	4. DATE OF		Nonth	Do	у	Yeor
	(Type or print)	Selm	a	Р.		Schortm	ann	DEATH	Ar	ril	. (	5	1961.
5.	SEX X3	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE		B. DATE OF BIRT	Н	9	9. AGE (In yellost birthda	y) Mor	NDER I YEAR	Hours	
	Female	White	WIDOW	ED DIVORCED		Septemb	er 2,	1886.	74		illis Doys	nours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINESS OF	NDUS	TRY 11. BIRTHP	LACE (Stote	e or foreign c	ountry)	13	2. CITIZEN C	F WHA	COUNTRY?
	Housek			Domestic			Lat	tvia			Germa	nny	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	Jekabs Re	imann				Ma	rie	Grunho	f				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		2.10.1		Address	River	dal	e, Ma
1"	NO O	r yes, give war or dates or s	2	17-36-3539	501	VIARM	NAV	KV515	61	NK	ENILH	VK	HAVE
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c).]	100	1	17 1	1 55 ()		1			ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	G	ENERALI	25	D CA	JUC1:	MUNIT	TO SI	2	ON	MIN.	DEATHS
	1010	DUE TO			<b>h</b>		. 77 •	111 50:	N	K s :	-0	2 3	11- A D
	Conditions, if on	v. which )	C	ARCINON	1A	OF	VISI	NAKY	BLA	DD.	EKI"	0	11-AK
	gove rise to in	mediate (		, (1)									
	lying couse lost.	he <u>under-</u> (c											
Z	PART II. OTH			CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERM	AINAL DISEAS	E CONDITION	GIVEN IN	PART 1(o) 1	9. WAS	AUTOPSY
Ĭ				Tiglicite 5									NO TO
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CURRED	). (Enter noture o	of injury in	Port I or Por	t II of item 18.]				
E	(IF EITHER, NOTIFY	CAUSE OF DEATH											
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes	or 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY	(Home, for	m. 20f. (Cit)	or town)		(County)		(Stote)
Ē	Hour o. m. p. m.	19	While of wor	Not while	toc	tory, street, offic	e bldg., et	(c.)		11			
1		at I ottended the	decest	ad from 7	15	~ 1008	104	10	19_	01.	at I loct o	au tha	deceased
	olive on 3	-31-	19/		death	occurred of	8.00	4 4 6-					
	Olive Oil	7	7 7	, did indi	dedilli	occurred of	/		treet, city or to			ie sidi	ATE SIGNED
	ACTUAL SIGNATURE	MILLA	1 to	MINI		651	GF	AST	CAP	ITO	ST		4-6-6
	SIGNATURE			1.00-6	<u> </u>	w.b <u>¥_</u>	¥¥	44.5/	11 1	7	1		v
	PHYSICIAN'S NAME (Type)	CICHAK	D	GITE	1			MAS	04.0	4	).(_		
220	REMOYAL (Specify)	1, 226. DATE THEREC	)F	Rock Cre		Ceme to	ery		TION (City, tov			(Sto	te)
	FUNERAL DIRECTOR'S	SIGNATURE	11-9-13	ADDRESS WA	sh.	D.C.	240. REC	D BY REGIS	RAR 24b. R	EGISTRAR	'S SIGNATU	-	
	The S.H.	Hines Co.	_290	01 14th S	t.,	N.W.	DATE A	PR 7 '	61	Chrism	1 S. Fire	u4	
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		AND THE REST		

# FOR STATE HEALTH DEPT.

TO DEPUTY ME.

ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a please execute the crifficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the Chief Medical Examiner's Office along with form PM3 page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-fransit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event withing 2 flours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CEPTIFICATE OF DEATH

1,790	CHAIR OF BUATE	114./11.4
1. PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi	dence before admission)
Prince Georges County MARYLAND	o. STATE Maryland b. COUNTY Prince	Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gl	lve nearest town)
Riverdale.	Laurel Laurel	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Leland Memorial Hospital	930 Montgomery Street	YES NO X
3. NAME OF First Middle DECEASED	OF	Dey Year
(Type or print) RUSSELL LEROY S	COTT DEATH April 2,	19 61.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B	9. AGE (In years   IF UNDER 1 YE	
	April 9, 1908   52 yrs.   Months Day	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	N OF WHAT COUNTRY?
Blacksmith Ret. U.S. Gov't.	Laurel, Maryland	J.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Thomas Scott	Annie S. Harrison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yas, no, or unknown)   (Ifyasgivewarordatesofservice)	TRIPODEGRAIM	atgomery St.
	. Daisy Pearl Allen Laurel, Ma	
1B. CAUSE OF DEATH [Enfar only ona cause par line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)  Acute cong	estive heart failure	ONSET AND DEATH
420,1 DUE TO		
cava risa to immadiata cause	eart disease	
(a), steting the underlying DUE TO		
cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN DART 1/2	NAC ALITORSY
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATT BUT NO.	THE TENTO THE TERMINAL DISEASE CONDITION GIVEN IN PART IS	PERFORMED?
		YES NO ZE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	Entar natura of injury in Pert I or Pert II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	) (Stata)
Hour a.m.  D.m.  19 at work at work	tory, street, offica bldg., atc.)	
21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection X, Inquiry X a	and in my opinion
death resulted from: Natural causes Accident . Suic		
	CHIEF MEDICAL EXAMINER	
ACTUAL 1	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE CONTRACTOR OF THE STATE OF THE STA	M.D.	DATE SIGNED
NAME (Type) JAMES I. BOYD, M. D.	April  Address (Streat, city, town, or county)	2, 1961/
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER? OF	CREMATORY 22d. LOCATION (City, town, or country)	(State)
Dunal Charl 5 1961 Joney Le	U em. Lawel /lis	ityland
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGN	ATURE
Kellett Havoldown Karen	DATE APR 7 '61 Chilling 8.4	Kana A
		WEGGGGG

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may retained by the hospital or attending physician.

> TO HOSPITAL OR ATTENDING PHYSICIAN: The hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the feature of the following physician and completely filled in the feature of the

MARYLAND STATE DEPARTMENT OF HEAL

MAKTL	AND STATE DEP	AKIMENI OF HEA	ALIR	
DIVISION OF STATISTICAL RESEAR	CERTIFICATE	OF DEATH	EET, BALTIMORE 1, MAI	RYLAND 711

	PLACE OF DEATH		ICE (Whare dacaased lived, If institution: Re	esidanca perore admission
8	Prince Georges MARYLAND	a. STATE Mary	land b. COUNTY Prince	e Georges
1	o. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1		(If outside corporate limits, write RURAL and	give nearast town)
	write RURAL and give nearast town) Cheverly 222days	36 Glenr:	idee	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
-	Prince Georges General Hospital	7107	Marvwood St.	YES NO X
	NAME OF First Middle	Last	Marywood St,	Day Year
1	DECEASED		OF DEATH	0 10 / 5
	Madi-Ice Dilai	B. DATE OF BIRTH	9. AGE (In years   IF UNDER 1	8 19 61 YEAR   IF UNDER 24 HRS.
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIKIN	A A FIRST A	Days Hours Min.
	Male White WIDOWED X DIVORCED	9 May 1877	83 yrs.	
9.	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	TRY 11. BIRTHPLACE (Cou	inty & State, or foraign country) 12. CITI	ZEN OF WHAT COUNTRY
	Retired Clerk General Electric C	o New Yor	·k US	5 A
ĺ	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
	Unknown	Ur	nknown	
		INFORMANT	Address	
B	s, no, or unkown) ((fyasgivawarordatasofsarvica)	alph M Shafer	Glenridge Md.	
Ĩ	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANOLICE CONTROL  OTHER  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Decomper	sahan	ONSET AND DEATH
ı	603X DUE TO -			
ı	Conditions, if any, which ) (b) Memua	/	a being halfill a file	
l	gava risa to immadiata causa	10 1		
ı	(a), stating the underlying stating the underlying causa last.	al month	celina	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERM	INAL DISEASE ONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
ı		00		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	RED. (Entar nature of injury in	Part I or Part II of itam 18.)	
	OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		PLACE OF INJURY (Homa, far actory, streat, office bidg., at		nty) (Stata)
	Hour a.m. While Not Whila p.m. 19 at work at work	acioi,, aneai, omea biog., ai		
	21. I certify that (I) (this hospital) attended the deceased fro	m 3/17	196/104/8 , 196	Li, that (I) (we) la
	saw the deceased alive on 7/8/6/19 and the	at death occured all	2.0AMfrom the causes and on t	he date stated above
	saw the deceased alive on	la doan occured and	A CONTRACTOR OF THE CONTRACTOR	22b. DATE
	La 18 Backwal Mrs	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	4/8/2 SIGN
ı	22c. PHYSICIAN'S	M.D. PHTS.	1	11/11
	NAME (Typa)	915-	19.80, n.w. W.	asfigo. C
		V OR CREMATORY	23d. LOCATION (City, town or county	(Stata)
a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OK CKEMATOKI		
3a			Schenectady N	New York
		neral Home	Schenectady N EC'D BY REGISTRAR'S : EPR 11 '61 Chilhur 2:	SIGNATURE

A STATE OF THE PARTY OF THE PAR market announce make and againment average various to be because the large and the about the ATTACHMENT OF THE STREET CE THE TELL PROPERTY OF . On og significant to the control of the control o Marketine Delica Company of the company of District Co. Provide Age 1 and Distance Service Service Service The Core of the Co

## FOR STATE HEALTH DEPT. our files. Page for your within 24 hours after death. If any delay is 18. Give Pages 1, 2, and 3 to the funeral direl form PM3. Page 5 may be retained for your File pages 1 and 2 with the State Board event within 72 hours after death. cuted within and them 18. Give Pagarith form PM3. Page File pages 1 and Fi Office along w burial-transit p 10 the word "pendin Medical Examiner" 3 Medical pinous writing to Chief A Page 3 s age to bu prior please execute their derifficate to should be forwarded to the EVNERAL DIRECTOR: or its designated agent, pric DEPUTY 240 p VS. A15ME 5M 7/59

CERTIFICATION

CHAMBERS CO.

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before edmission) a. COUNTY b. COUNTRINCE Georges Prince Gorges County MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearast lown) Cheverly D.O.A. Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give straat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 511 69th Place Prince Georges General Hospital YES NO T 3. NAME OF 4. DATE Middle Month Yaar DECEASED SR. (Typa or print) THOMAS 9 (6-13/13 SHRIT DEATH 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED | DIVORCED TO August 10, 1909 Male White 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) U.S.A. Albany, New York Painting Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Sheil Josephine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 717 Chillum Road Address (Yas, no, or unkown) | (If yes give war or dates of servica) Mr. Thomas E. Sheil Jr., Hvattsville, Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Coronary heart disease Conditions, if any, which geve rise to Immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of itam 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection ្ត 🥂 Inquiry and in my opinion death resulted from: Natural causes X. Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EKAMINER'S April 2, 1961 NAME (Type) Addrass (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 1961 Mount Olivet Cemetery Burial Washington D. C. BY REGISTRAR | 246. REGISTRAR'S SIGNATURE April 5. 23. FUNERAL DIRECTOR 24a. REC'D 8Y REGISTRAR

DATE

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Riverdale, Maryland,

an grow something the farming the Prince Measured Temper Leading to Water State St Transfer to the state these these the first the second of the se Painting Clima , Land II. Manufacture . Seller . Seller . Manufacture . as I of word evidences and enabel to began y tagent DOL S MINE South Court s, ago does t Clarat description of Principal B. 2. 12 C. C. CLECTOR C., C. Brender, English of the Control of the Contro

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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	4726 CERTIFICA	ATE OF DEATH	Reg. Dis	1. No. ()4713
	1. PLACE OF DEATH O. COUNTY Prince Glorgo, MARYLAND	2. USUAL RESIDENCE (Where dece	eased lived. If institution Residence b. COUNTY	e before admission)
	b. CITY OR YOWN (If outside corporate limits, write RURAL and give negress/own)	c. CITY OR TOWN (If outside c	groorate limits, write RURAL and g	ive nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address)  Al Sacoulle Chevely Bornellew Them	d. STREET ADDRESS	t.n.E.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) John A. Shield  Shield	s Src 4. DA' OF DEA		Day Yeor 11 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Jan 9-1878	last birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work dane during most of wasking life-even if retired)	D. Co	in country) 12. CITI	ZEN OF WHAT COUNTRY?
	Peter a. Shiells.	14. MOTHER'S MAIDEN NAME	houter.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT	Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  TRACHEO BR	on chitis, p	ukulen,	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (b)  GENERALITY  (c)	e L Amterio.	3 ( LCK 6 5 15	бупь
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar	Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Mour e. m. 19 While Not while at work of work	ACE OF INJURY (Hame, farm, 20f. (ctary, street, affice bldg., etc.)	City or town) (Co	ounty) (State)
	21. I certify that I attended the deceased from 1/9/6 alive on 4/8, 196/, and that death  ACTUAL SIGNATURE  MATTHEMATICAL  ACTUAL SIGNATURE		ram the causes and an the (Street, city or town, stote)  Penny 41	e date stated abave. DATE SIGNED
	PHYSICIAN'S NORMAN DONAT COME	Mu M	RAINIER Me	L
-	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GMETERY OR COMMENT OF CHILDREN	R CREMATORY 22d. LO	CATION (City, tawn, or county)	(State)
2	13. 7. Costille 1722. n. Cob. of.	1	GISTRAR 24b. REGISTRAR'S SIGN 361 Cluthur S. 7	

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Prince Morge.

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M. White

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
عدر	Pe	CERTIFICATE OF DEATH  Reg. Dist. No. () 4714
directar led wit		1. PLACE OF DEATH a. COUNTY  D. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
ID 80	M)	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
the shock	1	d. NAME OF HOSPITAL (If not in hospital) give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
d in by	X	3. NAME OF DECEASED First of Middle Last 4. DATE Month Day Year
Pages 1		(Type or print) DEATH POLL 1961  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE [I/N years   IF UNDER 1 YEAR   IF UNDER 24 HRS
ind campletely an papers. Pa death.	(I)	Ferroll WIDOWED DIVORCED WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country)  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTS
and co ban po er deat		dyring most of working life, even if relifed)  13. FATHER'S NAME  14. MOTTHER'S MAIDEN NAME  14. MOTTHER'S MAIDEN NAME
rsician tve car urs afte		Tillford White martha Bowman
e remo		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Add
attendi n pleas within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Semility  ONSET AND DEATH
by the		450.1 DUE TO PROMISE OF THE TOTAL OF THE PROMISE OF
igned in an		gave rise to immediate cause (a), stating the under-
ysician been s transit al, and	A	lying cause lost.   (c)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? PERFORMED?
ing ph te has burial remay	O	200 ACCIDENT WAS LINDERLYING [] 20th DESCRIPE HOW INJURY OCCUPAGE (Fine Advice of injury in Part Lot Part II of item 18)
attend ertifica as the an, ar		OR CONTRIBUTING   CAUSE OF DEATH   20b. DESKRIBE HOW INJURY OCCUPRED. (Enter-hoture of injury in Part I or Part II of Item 18.)  3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (State
this car use		Haur a. m.  19 While Not while at wark at wark factory, street, affice bldg., etc.)
After ched f urial,		21. I certify that I attended the deceased from Oct. 3, 1960, to Control of the last saw the deceased alive an Mark 1961, that I last saw the deceased alive an Mark 1961, and that death accurred at 6:30 M, from the causes and on the date stated above
d by REC		ACTUAL SIGNATURE I home of Kelly M.D. 6480 D. H. Que
retained RAL DIRE shauld be strar prior		PHYSICIAN'S THOMAS J. KELLY M. D. Takoma Bark Ind.
FUNE Poge 3		22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
/S A1S (4)	,	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 1. Rec'D BY REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR'S SIGNATURE
5M 10/57		parting Tillian Atome Mrs. DATE APR 4 '61 Cithur S. Kraus

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N. Carlotte		
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he funeral ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. death. Page 4 material of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effer

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
L728
CERTIFICATE OF DEATH

4728

4728 CERTIFICATI	E OF DEATH	04715
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare dacassad lived, If institution: Ra	sidanca bafora admission)
Prince Georges MARYLAND	Maryland Prince	Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	
Cheverly 16 days	Upper Marlboro	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Prince Georges General Hospital		YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Yeer
(Type or print) Edith	Simms OF DEATH April	5 19 61
	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Female Black WIDOWED DIVORCED	8 Feb. 1926   last birthday)   Months   Di	Bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST		EN OF WHAT COUNTRY?
done during most of working life, even if retired)  None  Cook	Maryland	JSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Percy Simms	Agnes Belt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		Md.
No (Ifyasgivawarordalasofsarvica)	Catherine Barnett Upper Mari	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	'	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COronary Thrombo	asis .	ONS NAGENA
DUE TO	7	
Conditions, if any, which (b) Hypertensive Heart	t Disease	3 Month
gava risa to immadiate cause (e), stating the underlying DUE TO		
cause last. (c) Anemis		3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
DILY.		YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	D. (Entar natura of injury in Part I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Homa, farm, 20f. (City or town) (Country, straat, offica bldg., etc.)	ty) (Stata)
Hour a.m.  Whila Not Whila at work et work	ciory, steat, office orage, etc.)	
21. I certify that (I) (this happita) attended the deceased from.	Man, 20 1901 to Apr. 5 190	I, that (I) (we) last
saw the deceased alive on. Jar. 5		
22a. SIGNATURE		22b. DATE SIGNED
The wills	M.D. ATTENDING MED. DIRECTOR PHYS	6/61 SIGNED
22c. PHYSICIAN'S NAME (Typa)	22d. ADDRESS	-1-11 263
	6124 Centeral Ave., Capitol H	eights, Ma.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or county)	(Stata)
Burial 4-8-61 Moses	Anne Arundel Co	
24 UNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
1 Plus - merel None 4339 Hund	DATE APR 11 '61 Cirthur &	Thous

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY MARYLAND OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Year DECEASED DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days DIVORCED [ WIDOWED | papers. compl 10a. USUAL OCCUPATION (Give kind of wark done 10b. NND OF BUSINESS OR INDUSTRY during most py vorking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and pan 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME cark physician remove 2 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending death 1B. CAUSE OF DEATH - Enter only one cause positine for (o) (b), and (c). INTERVAL BETWEEN O. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o DUE TO by Conditions, if ony, which been signed gove rise to immediate DUE TO couse (a), stoting the undertransit pup lying couse lost. ART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY removal. PERFORMED? burial-t YES NOL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bidg., etc.) While Not while ot work at work that I aftended the deceased from. 19\_\_\_,that I lost saw the deceased that death occurred at 3-20 AM, from the couses and on the date stated above. olive on ADDRESS (Street, city or town, state) RAL DIRECT ACTUAL prior SIGNATURE may be retained **D FUNERAL DIR** page 3 should k PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) alling & the 15M 9/58

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affer filled in Pages completely paper n 72 h within carbon and physician гетоуе 2 attending and Q. Then removal g physician. signed by the or attending been has the 0 prior use After this 4 CTOR: After the etached O HOSPITAL death. Page 4 page with t O To A VR A15 (4)

15M 9/60

### DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY PRINCE GEORGES MARYLAND OHIO b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) ANDREWS AFB, MARYLAND EAST CLEVELAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? USAF Hosp, Andrews AFB, Maryland 13520 SUPERIOR ROAD YES NO Y 3. NAME OF 4. DATE Dey DECEASED OF (Type or print) LOTS DEATH STEGKEMPER 19 61 APR II. 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Devs Hours Min. FEMALE CAUCASIAN WIDOWED T DIVORCED 27 JIII.Y 1908 52 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired United MILITARY SERVICE UNKNOWN UNITED STATES States Air Force 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRED STEGKEMPER UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyes give wer or detes of service) YES 15 YRS PERSONAL EFFECTS AND RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY HEART DISEASE IMMEDIATE CAUSE (e) IMMEDIATE DUE TO IMMEDIATE Conditions, if eny, which VENTRICULAR FIBRILLATION (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NUTRITIONAL CIRRHOSIS NO [ 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work saw the deceased alive on 10 April 1961 and that death occurred at 9 AM, from the causes and on the date stated above. 22e. SIGNATUR 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 10 Apr 61 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) GERALD RESNER, Capt USAF MC USAF Hosp, Andrews AFB, Maryland 230. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1172 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur & Kraus DATEPR 1 2 '61

MARYLAND STATE DEPARTMENT OF HEALTH

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FEMALE CAUCASTAN, SALES FOR 27 JULY 1908 52

HARMAN SHARE STATE POTON AND VALUE YEAR LILLY

PERSONAL REPORTS AND RESCRIPE

COMONANT HEART DISEASE --

VERTRALISARY FAMILIATION

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04718

	PLACE OF DEATH	Pr. Geo.		MARY	LAND	2. USUAL RESH a. STATE			d lived. If ins b. COL	INTY	~		an)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)						c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
Hillcrest Hghts					18		illcre	est Hgh	its				
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION					d. STREET A						e. IS RES ON A	FARM?	
	5	11528th B	arkwa	y S.E.		5115	28th	n Park	way, S	E.		YES 🗌	NO 🖸
1	NAME OF DECEASED (Type ar print)	Fir BE	TTIE	Middle L		SULL]		4. DATE OF DEATH	116	Month April	30th	-,	(ear
S. S		6. COLOR OR RACE	7. MA DDIS			B. DATE OF BIRTI	Н	1	9. AGE (In y		DER 1 YEAR		
MORNIED HARVED							Min.						
10a	. USUAL OCCUPATIO	ON (Give kind af wark king life, even if retired	dane 10b. K	IND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (State	ar fareign co	auntry)	12.	CITIZENO	F WHAT C	OUNTRY?
	Retin			hool Teach	er	M:	ssiss	ippi			US	A	
13.	FATHER'S NAME		17.71.11			14. MOTHER'S	MAIDEN N	IAME					
	Wi	illiam J. K	night			Do	ra Ea	ves					
		R IN U. S. ARMED FOR		OCIAL SECURITY NO	. 17. IN	FORMANT				Address			
{Yes	s, no, or unknown)	(If yes, give war or dates of s	ervice)		Ag	nes Law	5115	28th	Parkw	av S.F			
	ID CALISE OF DEA	ATH [Enter anly ane co	use per line	for (a) (b) and (c)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,		- 0.4 1211	~		ERVAL BE	TWEEN
		TH WAS CAUSED BY:	ose per mie	1		1. 11		0.				SET AND	
	1100	IMMEDIATE CAUSE (o		Pterioses	100	Tie /te	601	VISCI	un.		-	11 44	6-
	7201	DUE TO											
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	lying cause last.	) (c	,	ARTERIOO.	The Paris of the P	212 91	nerali	3ed	RAI	bould		1/12	0.
O N	PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERM	MAL DISEAS	E CONDITION	GIVEN IN I	PART 1(a)	19. WAS A	RMED?
SAT												YES 🗌	NO 🗆
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE	). (Enter nature a	f injury in F	Part I ar Par	t II af item 18	3.)			
			141 500	HIRY OCCURRED	20a Pl	CE OF INITIDY	Hama farm	204 (City	, me towal		(C-unhu)		(State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while at wark down the p. m. 19 at wark down the street of wark down th								(Sidie)					
21. I certify that (I) (this haspital) attended the deceased fram. 2-27 1950 ta 4-30 1961, t									. , ,				
	saw the deceas	sed alive an5	<i>- 90</i>	196/ and	that d	eath accurre	d atle	M, fram	the cause	s and an	the date	stated	abave.
	22a. SIGNATURE	1. Cala	200			M.D. ATTENDIN	G ME	ED. RECTOR	STAFF PHYS.			4-3	SIGNED
	22c. PHYSICIAN'S	1.	-			22d. ADDR		KECTOK [	.,,,,,			/	0 0/
	(NAME (Type)	John J.	CA	LARCO P	200	3801	Sui	tland	RU1	.E. 11	lach.	20.	oc.
23a	REMOVAL (Specify)			23c. NAME OF CEM					TION (City, to		′′	(Stat	e)
24	Burial	IC CLONIATURE	1961	ADDRECC		Cemetery	1		uitlah	d. Mar	yland		
24.	FUNERAL DIRECTOR	0 10	61G	ood Hope R	d. S	E.	1.0	D BY REGIST	'61 2Sb.	arthur			
1	mount	Ma Wa	shing	ton 20 DC			DATE NI	71 1	٠.		2. 100		

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY COUNTY within 24 hours after 12 A .⊆ filled DECEASED ges (Type or print) DEATH 9. AGE (In years loop bir beloy) yrs. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED campletely DIVORCED [ WIDOWED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during mast of working life, even if retired) none oug carban 13. FATHER'S NAME physician HOMAS remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT none attending UnknowN edse 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)." d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO þ permit. Conditions, if ony, which signed gave rise to immediate DUE TO couse (o), stating the underand lying couse last. physician. burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, has 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED foctory, street, affice bldg., etc.) Hour a.m. While Not while 19 of work of work p. m. After 1901, that I last saw the deceased 21. I certify that I attended the deceased from alive an that death accurred at M, fram the causes and an the date stated above. FUNERAL DIRECTO ACTUAL prior 3 shauld be SIGNATURE retained PHYSICIAN'S NAME (Type) 22d. LOCATION (City, lown, or county) Vir ginia 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Columbia Gardans

Co.-2901

14th

S

Reg. Dist. No. (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH

PERFORMED'S

(State)

DATE SIGNED

YES | NO

(County)

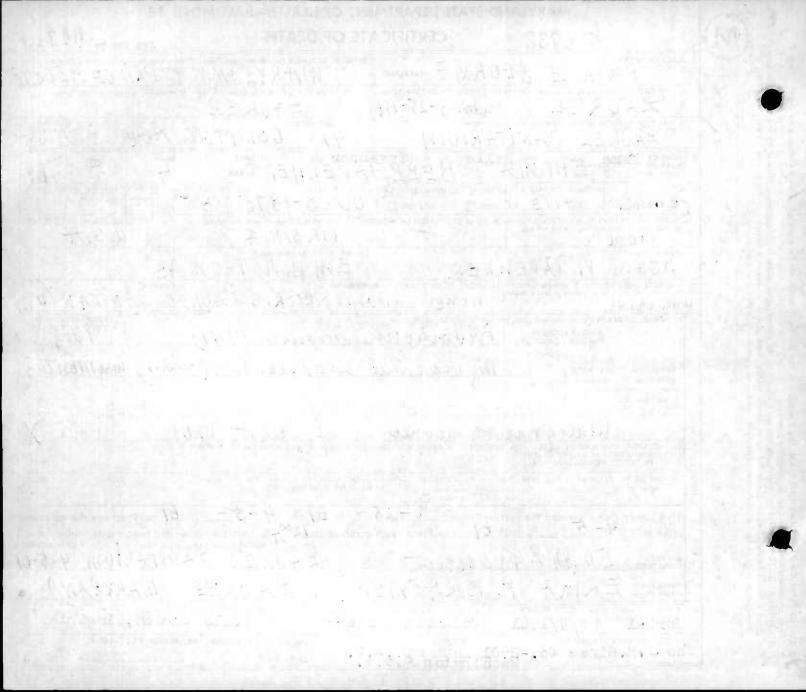
page ay TO VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

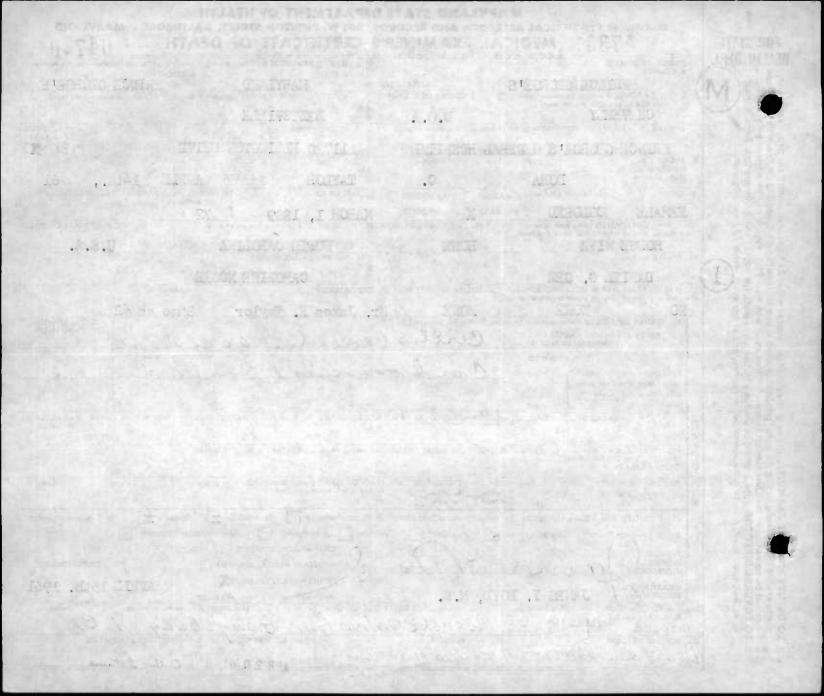
The S.H. Hines

24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATE AND

Orthur S. Frank



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE CERTIFICATE OF DEATH Item 22a film G285 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY Health, a. STATE b. COUNTY PRINCE GEORGE'S MARYLAND PRINCE GEORGE'S b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town CHEWBRIN D.O.A BRILISVILLE Board Ld. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) H. STREET ADDRESS e. IS RESIDENCE ON A FARM? State GEORGE'S GENERAL HOSPITAL FILLINGTON YES NOW 3. NAME OF DATE Month Yeer rifficate should be executed with the Pages 1, 2, and 3 to the liberding" in pencil in them 18. Give Pages 1, 2, and 3 to the examiner's Office along with form PMS, Page 5 may be retained as a buril-transit permit. File pages 1 and 2 with the 5 used as a buril-transit permit. File pages 1 and 2 with the 5 used as a buril-transit permit. File pages 1 and 2 with the 5 used as a buril-transit permit. File pages 1 and 2 with the 5 used as a buril-transit permit. DECEASED OF (Type or print) DORA DEATH C. TAYTOR APRIL 1961 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Hours FEMALE WIDOWED Y DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) HOUSE WITH NORTH CAROLINA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DANIEL G. GEE CAROLINE MCGEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) N(O)NI3 Mr. James R. Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) inderoscular renal des DUE TO Conditions, if eny, which (b) gave rise to immediate cause The word "pend" in the word "pender's DUE TO (a), steting the underlying cause lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 sl 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Not While 2 Hour a.m. the P. P. at work et work prior be forwarded to the RAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection T Inquiry T and in my opinion agent, death resulted from: Natural causes . Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ execute the DEPUTY ME designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER APRIL 15th. 1961 EXAMINED S should I BOYD NAME (Type) JAMES Address (Street, city, town, or county) 9989 NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 6 Shipped FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidance 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Prince Georgez Prince George b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give naarast town) Mt. Rainier 2 Cheverly Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours PrinceGeorges General Newton completely 4. DATE DECEASED (Typa or print) DEATH within Benjamin
6. COLOR OR RACE 7. MARRIED NEVER MARRIED X Thomas carbon 5. SEX AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH and last birthday) Aug 1960 Male WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) Washington D. C. Infant None attending pl 13. FATHER'S NAME .= Shirley K. Williams Thomas Nelson F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the (Yes, no, or unkown) | (If yes give wer or dates of service remova physician. No Nelson F Thomas-Father-same None. permif. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if any, which gava risa to immadiate causa DUE TO (a), stating the undarlying has causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate hospital 98 CERTIFICATI use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached for the this by After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Not While Whila Hour a.m. retained et work at work CIOR: 21. I certify that (I) (this hospital) attended the deceased from 4-5 to 4-10 1961, that (1) (we) last 19.6% 19 6 / and that death occured at 15.40 from the causes and on the date stated above. pinons saw the deceased alive on TO HOSPITAL OF death. Page 4 ms TO FUNERAL DID. director, page 3 shot be filed with 22a\_SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS PHYSICIAN NAME (Typa 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23c. REMOVAL (Spacify) Burial Cemetery Rockville. Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE 1 2 '61

a. IS RESIDENCE

YES NO X

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(Stata)

22b. DATE

SIGNED

1 NO

Days

USA

8

IF UNDER 24 HRS.

ON A FARM?

61

within

Long

£8"1 Visit State of the Control of the Co Act in a moreutraet disent amplifies . Weight angoriT 4 geals Welson F. Inocas-Wallery-same 2d Down Strong W. Bekan and Fred Hamathant By attended Astronomy of the property of t TO DEPUTY MEII please execute the teach of the should be forward TO FUNERAL DIRE or its designated age

VS. A15ME 5M 7/59

ded to the Chief Medical Examiner's Office along with form PM3. Pages 1, 2, and 3 to the funeral dirty. It age to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.  ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hely Figure 1 and 2 with the State Board of Hely Figure 1, prior to burial, cremation, or removal, and in any event within 72 hours after death.	NOTICE CERTIFICATION
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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4722

1.	PLACE OF DEATH	(3)			2. USUAL RESIDEN	CE (Where dacaased live	ed, It institution: Ras	idence before admission)	
	Prince George's MARYLAND				S. STATE Maryland b. COUNTY Prince George's				
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest fown)								
	<b>A</b>	verlv		Dead on Arriv	Ken:	t Village	22		
10			not in hosp	pital, giva straat address)	d. STREET ADDRESS	ATTTER	~	a. IS RESIDENCE	
	Prince G	eorge's Ger	Icrol	Homoital	7204 Fores	at Dood		ON A FARM?	
3.	NAME OF	First	TOTAL	Middla	Lasi	4. DATE	Month	Day Year	
	(Typa or print)	Laura		Tome	III ama	OF DEATH	-17 0/4	h 19 67	
S.	SEX		7 MARRIE	Jane  Discreption Never Married Till	Thomas  B. DATE OF BIRTH		years   IF UNDER 1 YE	ALLA UL	
	Female	White	WIDOWE		Mamah 00	last birth	Months Da	ys Hours Min.	
	a. USUAL OCCUPATION	ON (Giva kind of work	10b. KI	ND OF BUSINESS OR INDUST	March 20	or foreign country)		N OF WHAT COUNTRY?	
d	9.00	king lifa, avan if retirad	)		Maryland		71		
13	None			None	14. MOTHER'S MAIDEN		U	S. A.	
1		y Nelson Th	Oma <sub>e</sub>						
15				SOCIAL SECURITY NO. 17.	Latrecia	Grace Benne	tat		
	as, no, or unkown) (If	yas giva war or datas of sei							
-	NO LIS CAUSE OF DI	None	ausa par li	None	Mrs. L. G. I	homas, same	as # 2	INTERVAL BETWEEN	
		WAS CAUSED BY:					9.0.00	ONSET AND DEATH	
	5710	MMEDIATE CAUSE (a)_	AC	ute gasteroen	teritis			-	
	) HIV	DUE TO							
1	Conditions, if any, gave risa to immadia								
	(a), stating the un	DIJE TO							
-	cause last.	) (c)	0.15 501	TAIRLITING TO DEATH NUT M	OT DEL 4 TED TO THE TERMIN	LIAL DISCASS CONDITION		1. 10. 144.6 ALTERNAT	
é	PART II. OTHER	SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMIN	NAL DISEASE CONDITIO	N GIVEN IN PART II	a) 19. WAS AUTOPSY PERFORMED?	
3								YES NO	
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		b. DESCRI	BE HOW INJURY OCCURED.	Entar natura of injury in Par	f I or Part II of Hem 18.)			
WEDICAL	20c. TIME OF INJUR	RY Month, Day, Year	Whila	Not Whila fac	ACE OF INJURY (Home, farm tory, street, offica bldg., atc		(County	(State)	
		at I took charge of	the rem	ains described above, h	eld an Autopsy .	Inspection X, In	nquiry 🛣,	and in my opinion	
		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner							
				06	CHIEF MEDICAL	EXAMINER			
	ACTUAL	Jam	ent.	11 10	ASSISTANT MED	ICAL EXAMINER		DATE SIGNED	
9	SIGNATURE	1		0 1 0	DEPUTY MEDICA	L EXAMINER	Anmil	24th., 1961	
	EXAMINER'S NAME (Type)	James I	Box	rd. M.D.		city, town, or county)	247.7.7	~ T/OL	
22	a. BURIAL, CREMATIO			22c NAME OF CEMETERY O	RORINATORY	22d. LOCATION (City,	town, or country)	(Stata)	
1	Burcel (specify)	4-26-	101	arlungton		Willing	tun, Vi	rymine	
2	3. FUNERAL DIRECTOR	y land	6	ADDRESS .			REGISTRAR'S SIGN	NATOLE	
1	יעויער	arrecter)	60/	Juverales	TI DATE AP	R 2 6 '61	Cillun S. A	Trans	
-	A 1 7 3 4	11/2/17							

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, , THE MARKET alayead sorar meel of view or in inch to the hard transfer and a location of the language about the To a True to the True of the State of the St aget. Mends of Lot and Assessed 6250 - Mary Lynn M Bian Steam Herrital S. V. er come research .t .T. act enoil enoil Tell Modes was term of the American EURE, HAVE FIRM Jones V. Toyd, M.V. Jones V. Toyday was the same of the state of the same of t

FOR STATE HEALTH DEPT. TO DEPUTY MEI AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is researy, please execute the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

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VS. AISME 5M 7/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	4736	MEDICAL E	XAMINER'S	CERTIFICA	ATE OF	DEATH	04	723
1.	PLACE OF DEATH			a STATE		deceased lived, If b. COUN	TV	ce before admission)
		rge's County	MARYLAND	-[]	yland		Princ	e Georges
	b. CITY OR TOWN (if outside con write RURAL and give nearest Cheverly		D.O.A.	Lanham	N (If outside co	rporete limits, write	RURAL and give n	eerest lown)
3	d. NAME OF HOSPITAL OR INST	ITUTION (if not in hospitel,		d. STREET ADDRE	SS		-37137	a. IS RESIDENCE
	Prince Geo:	rges General	Hospital	8804 Ar	dmore R	bad		YES NO
3.	NAME OF	First	Middla	Last	4. DATE	Month	Dey	Yeer
	(Type or print)	JOHN	THO	MSON	OF DEAT	H April	13.	1961
5.		OR RACE 7. MARRIED		8. DATE OF BIRTH	1	9. AGE (In yeers		IF UNDER 24 HRS.
	Male Whi	te WIDOWED	DIVORCED	July 16, 18		71 yrs.	Months Deys	Hours Min.
10 do	b. USUAL OCCUPATION (Give king one during most of working life, av	nd of work   10b. KIND	OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (St	ata or foraign c	ountry)	12. CITIZEN O	WHAT COUNTRY?
	Pressman (Reti:	- 6	Gov't.Printi	ing Linlith	gow Shi	re, Scotl	and U.	S.A.
13.	FATHER'S NAME			14. MOTHER'S MAID				
	Archibald Tomso	on		Susan G	arvie			
15.	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO. 17.	INFORMANT		Address	2745 73d	Place
100	No None		, unknown M	r. Edward R.	Conner	. Brott	sville, M	famrl and
	18. CAUSE OF DEATH [Ente					у пуасо	INTI	ERVAL BETWEEN
	PART I. DEATH WAS CAU	SED BY:	oronary occ	lead on			ON	SET AND DEATH
	11201	DUE TO	oromary occ	TUSTOIL	4.7			
	Conditions, if any, which						JV 35-14	
	gave rise to immediata cause		oronary art	ery alsease				
	(a), steling the underlying cause lest.	DUE TO						
z	PART II. OTHER SIGNIFICAN	(c) NT CONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASI	CONDITION GIV	EN IN PART I(a) 1	P. WAS AUTOPSY
OL	TYKKI III. OTTICK OSOKKITOSKI							PERFORMED?
Ş	20e. EXTERNAL CAUSE WAS	201- DECCRIPE I	IOW INTERNAL OCCURED	(E-t esture of lations to	Don't Los Don't II	- f ia 10 )	Y	ES NO X
CERTIFICATION	PRIMARY OF CONTRIBUTING		IOW INJURY OCCURED.	tenter natura of injuty in	ran I or ran II o	of Irem 10.)		
AL		h, Dey, Year   20d. INJU	RY OCCURRED   200. PL	ACE OF INJURY (Home,	farm ! 206 (C)	ity or town)	(County)	(State)
200	Hour a.m.	While	Not While fe	clory, street, office bldg.,		ny or lowny	(County)	(31818)
×	p.m.	19 at work	at work		1	E=3		٠,
	21. I certify that I took	charge of the remain:	s described above, h	eld an Autopsy	Inspection	Inquir	y X, and	in my opinion
	death resulted from: N	atural causes 💢.	Accident , Sui	cide, Homicid	de 🔲, U	ndetermined m	anner	
-		, (	1//	CHIEF MEDICA	AL EXAMINER			A COLUMN
	SIGNATURE (	men	1 Very	M.D.	CAL EXAMINER		D.	ATE SIGNED
		JAMES I. BOY		Address (Stree	et, city, town, o	r county)	April 1	, 1961.
220	DEMOVAL (Specify)		NAME OF CEMETERY C			ATION (City, town,		(Slale)
	Burial Apri	1 17, 1961		In Cemetery	Col	nar Mano	r, Md.	
23	FUNERAL DIRECTOR	TY A A	ADDRESS	240.	APR 19		STRAR'S SIGNATU	
	F. Gasch's S	ons Hyatts	ville, Md.	DATE	10 11 1 0		2. 100	

Prince Counge's Com. by Warney stated ..... La control to the feet of feet of the control control 72 (82, 108) ofide ofat Pregert (Matice) | U.S. Crit. Station statistics of the Control Control ATTOM VEG Blace, Come Note Yes, manual N. Linna R. Company Estatus Elitatus E THE P. D. O. D. M. C. CO. second training to second TARREST TO STATE OF THE STATE O inter the court is the section of the court a one deliver to all a walle of a

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	4737 CERTIFICATE OF DEATH  Reg. Dist. No. 1 4724
	PLACE OF DEATH  O. COUNTY  Pruce  George MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  O. STATE  Waryland  COUNTY
1	b. CITY OR TOWN\( f outside corporate limits, write RURAL and give nearest town)  EURAL and give nearest town)  Sys.  ANAME OF HOSPITAL (ft nat in Rospital, give street address)  d. STREET ADDRESS  e. 15 RESIDENCE
	OR INSTITUTION 8-60- ave 11008-60-ave ON A FARMY YES NO
	NAME OF DECEASED (Type or print) WILLAM THOMPSON. Last 4. DATE OF DEATH 4. Day Year 26 1961
5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years last birthday)  Rands birthday)  9. AGE (In years last birthday)  8. Tyrs.  Manths Doys Hours Min.
	1. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  ARMER A PONTA CAPOLINE US 9.
13.	ARTHUR JUMPSON 14. MOTHER'S MAIDEN NAME
15. (Ya	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  Address 916-667 of.  MAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  INFORMANT  Address 916-667 of.  MAS DI-METRICE PAIR FRIENT: 1475
	IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH
	177X DUE TO
ľ	gove rise to immediate cause (o), stating the <u>under-</u> lying cause lost.  (b)  DUE TO
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)  OR CONTRIBUTING 2 AUS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour a. m. p. m.  19 20d. INJURY OCCURRED While Not while at work
	21. I certify that I attended the deceased from 7 - 16 19 57, to 4-26 1961, that I last saw the deceased
	alive an H-26, 1961, and that death accurred al 1,05 pM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. HH233 - Hunt P1 A E
	PHYSICIAN'S /C Beldon MD washington-19- PE
220	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Highliand PK. Md
23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  4925 December 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE MAY 2 161 Orders 8. Krans

8. Kraus

VS A15 (4) 15M 9/5B

AND THE RESERVE AND ADDRESS OF THE PROPERTY OF The state of the second state of the second THE PARTY OF THE P The second state of the second The state of the s LENGTH STREET, the second of the second of the The street of the 

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY. b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown Pages filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Z papers. completely NAME OF 4. DATE Month Year DECEASED OF (Type or print) DEATH 19 Within carbon 9. AGE (In Foors | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and lest birthdey) Months Hours WIDO WED [ DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY remove 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired! 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH þ physici PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO attending Conditions, if eny, which geve rise to immediate ceuse DUE TO (a), stating the underlying has ceusa lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate PERFORMED? 95 NO T prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for After this tached 20c. TIME OF INJURY Month, Dev. Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m CIOR 21. I certify that (I) (this hospital) attended the deceased from assure 1961, to april 4, 1961, that (1) (we) last saw the deceased alive on April 3 19.66, and that death occured at. .M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death, Page 4 I M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, be filed NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SURVATUR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 161 DATE APR 15M 9/60

certificate be

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) b\_ CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) icval-Beltsvilla e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in haspital, give street/address) d. STREET ADDRESS OR INSTITUTION 000 YES NO 4. DATE OF Year NAME OF Middle Last Manth DECEASED DEATH (Type or print) 9. AGE (In years last birthday) IF UNDER 24 HRS 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLON OR RACE 5 SEX 7. MARRIED NEVER MARRIED Manths Days Haurs DIVORCED | WIDOWED | 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast of warking life, even if retired) armu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address aumi as INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Q DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (State) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED (Caunty) factory, street, affice bldg., etc.) While Haur g. m. Nat while at wark at wark p. m. 21. I certify that (1) (this haspital) attended the deceased fram July , that (I) (we) last 190 , and that death accurred at M, fram the causes and an the date stated above saw the deceased alive and 22b DATE 22a. SIGNATURE SIGNED ATTENDING MED. PHYS PHYS. DIRECTOR \_ M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DATE THEREOF 23a. BURIAL CREMATION. 23b. 2304 NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE RIC'D BY REGISTRAR

TOP II CHARLES AND THOUSAND Can be more your of to make walking the first the first The second secon A DANGER OF THE STATE OF THE ST

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ma retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 27

L740 CERTIFICATE OF DEATH

2 8 2 0						
1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDEN	CE (Where decease	b. COUNTY	ition: Reside	nce before edmission)
Prince Georges	MARYLAND		yland	F	rince	Georges
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporate	limits, write RUR	AL and give	neerest town)
writa RURAL and give nearest town) Cheverly	10 days	R'oi 1	rmont Hei	ahts	30	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	inono nei	-51100		e. IS RESIDENCE
	** ****	700	67 at 6		1	ON A FARM?
Printe Georges General	HOSPITAL Middle	700 Lost	61st a	venue	Dey	
DECEASED	Middle	2031	OF			
(Typa or print) George		Travers	DEATH	April	2	
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8	DATE OF BIRTH 189:		GE (In years   IF U	nths Deys	IF UNDER 24 HRS.
Male Black WIDOW	VED DIVORCED	15 Oct. 112	8	67 yrs.	2075	11001
10a. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cour	nty & Stete, or fore	ign country)	2. CITIZEN	OF WHAT COUNTRY?
done during most of working life, even if retirad)		Maryla	nd		II.S	. A.
None		14. MOTHER'S MAIDEN	NAME	1		
Unknown	Carry Manager V.		Berth	a Fenw	ick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	6. SOCIAL SECURITY NO.   17. I	NFORMANT		Address		
(Yes, no, or unkown) (Ifyes give war or detes of service)						
No -		earline Tr	avers 1	.623 Ho.	lbroo	k St., N.
18. CAUSE OF DEATH [Enter only one cause per					0	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	Cerebral Thrombo	osis				10 days
3 3 2 X DUE TO					40	
	Cemebral Arterio	sclerosis				Unknown
gave rise to immediate cause						
(a), stating the undaritying						
(0)	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAI DISEASE CON	NOITION GIVEN II	N PART 1(e)	19. WAS AUTOPSY
E PARTIE OTHER SIGNATIONS CONDITIONS CO	ANKIONINO TO BEATH OUT NO	TREETED TO THE TERM	1772 21027102 001		( ) / ( ) / ( ) /	PERFORMED?
<u>\( \) \</u>						YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ESCRIBE HOW INJURY OCCURED	, (Enter neture of injury in	Parl I or Pert II of	item 18.)		
ZOc. TIME OF INJURY Month, Day, Year   20c		CE OF INJURY (Home, farr		town)	(County)	(Stata)
20c. TIME OF INJURY Month, Day, Year 20c Wh Hour a.m. Wh	ile Not While fact	ory, street, office bldg., etc				
21. I certify that (I) (this hospital) atte		12 Apr	1067 + 27	Aprid	10 61	that (I) (we) last
21. I certify that (i) (this hospital) after	ril 19 61 and that		1		,	
BY II		death occured at.t.,	SHIM, AHOM II	ne causes and	on the	22b, DATE
22e. SIGNATURE	MO M			STAFF PHYS.		SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Peter Du	us., M.D.	6124 Ce	nral Ave	, Capito	l Hght	s., MdL
236. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify)	230 PIAME OF CEMETERY	Comstery	De	ON (City, town of	ret	(State)
24 FUNESTON SON SON SON SON SON SON SON SON SON S	Home #3.	39 Hart Pare Al	C'D BY REGISTRAI	Gril	un S. Th	ALLA .
		11. 0.015				

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VR A15 (4) 1SM 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04729

	1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla	nere deceased lived. If institution b. COUNTY	Prince George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  College Park	c. LENGTH OF STAY IN 1b		outside corporate limits, write RL	
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION 5007 Muskogee Street		d. STREET ADDRESS 5007 Musko		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ALICE	EDITH Middle	UFHEIL	4. DATE Mont OF DEATH April	20, 1961
	Female White WIDO	WED DIVORCED	B. DATE OF BIRTH  April 21, 189	lost birthdoy) 61 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
		Ob. KIND OF BUSINESS OR INDUS  Own Home	England		U. S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	John Thorn  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	NFORMANT	Addr	Acc
	(Yes. no, or unknown) (If yes, give war or dotes of service)		r. Fred Ufhei		(Husband)
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	rug Th	rember	INTERVAL SETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	Grove to	sun Sa	Circosis	- 7 yes
	PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVI	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
		DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	Hour o.m. Wh	fa.	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
The second	21. I certify that (I) (this haspital) atte	/ /		35, ta 444 M, fram the causes and	d an the date stated abave.
	220. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	Elw	M.D. ATTENDING MPHYS. DI	ED. STAFF RECTOR PHYS.	4/20/6/22b.DATE SIGNED
	230. BURIAL, CREMATION, 23b. DATE THEREOF Burial 4/25/61	23c. NAME OF CEMETERY O		23d. LOCATION (City, town, o	or county) (Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
	Francis Gasch's Sons	Hyattsville, M	aryland DALE	24'61	- 0 6
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	10.50	12		
.5		Macagains.		
	e same estatus	, all tits,	1 z S z S	

## FOR STATE HEALTH DEPT.

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute in certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any great within 72 hours after death.

VS. A15ME 5M 7/59

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	2/41 Mapidal LAAMilland	CHRISTICATE OF		U	TENO
	PLACE OF DEATH	2. USUAL RESIDENCE (Where	deceased lived, If	institution: Residence	e before admission)
	e. COUNTY	e. STATE	b. COUN		
	Prince George's MARYLAND	Maryland.		rince Geo:	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If oulside c	orporete limits, write	e RURAL end give r	rearest lown)
	01 2 12	Cheverly Mano	-		
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	r	-	e. IS RESIDENCE
10	are the control of th	OI OTHER MODILES			ON A FARM?
	3321 64th Avenue	3321 64th Av	enue		YES NO
3.	NAME OF First Middle	Lest 4. DAT		Dey	Yeer
	DECEASED (Type or print)	OF DEA:	THE COLUMN		40.40
-	Edgar Ambrose (hoto)	0	Aoril	20,	19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers last birthdey)		IF UNDER 24 HRS.
(3)	Mole White WIDOWED - DIVORCED	F-+ 00 100/		Months Deys	Hours Min.
100	Male   White   WIDD A BUSINESS OR INDUSTR	Sept 27. 1884 Y   17. BIRTHPLACE (Stelle or foreign	/0	112 CITIZEN O	F WHAT COUNTRY?
	ne during most of working life, even if retired)	II. DIKITI EACE (Siele of foreign	coamy	12. CHILLIA O	WINT COOKINE
	Brick layer Petired	Fholand		U. S.	Α.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			414
		DVALUE BEFORE THE			
	Arthur Upfold	Unknown			
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT	Address		
,		. 15.7 L 113	mi		# 0
-	18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).]	ir. Walter Edward	Thomses		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:				SET AND DEATH
		ive heart failure			
	LILITY DUE TO	TAC HOST A TENTION			
-	772 8			1000	
	Conditions, if eny, which geve rise to immediate cause (b) Cardidvascula	r renal disease			
	(a), sleting the underlying DUE TO			463.4	
	cause lest.				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIV	FN IN PART 1(a): 10	WAS ALITOPSY
0	TAKS II. OSTIEK SIGNIFICANTS CONDITIONS CONTINUED IN TO SERVICE STATE OF THE SERVICE STATE OF	THE SERVICE STATE STATE STATES	L CONDINON ON	EN HATAKI NOT 13	PERFORMED?
3				Y	ES NO KOK
CERTIFICATION	2De. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (1	inter neture of injury In Pert I or Pert II	of item 18.)		
ER	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
MEDICAL	to at	CE OF INJURY (Home, ferm, 20f. (Cory, street, office bldg., etc.)	City or town)	(County)	(Stete)
B	Hour e.m. While No! While fect et work at work	ory, siredi, ornes biog., are.,			
_		D. Automorphis			
	21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection	n lnquir	y X and	in my opinion
	death resulted from: Natural causes 🚾 Accident 🔝, Suic	ide , Homicide , l	Indetermined m	anner	
17		CHIEF MEDICAL EXAMINER	П	Maria Cara	
	ACTUAL CONTRACTOR				
	SIGNATURE TO THE TENTON	M.D. ASSISTANT MEDICAL EXAM	INER [	D.	ATE SIGNED
-	EXAMINERS	DEPUTY MEDICAL EXAMINE	T x	April 2	0. 1961
	NAME (Type) Tomos T Pourd	Address (Street, city, town,	or county)	-1	,
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		ATION (City, town	, or country)	(State)
	REMOVAT (Specify)				
		n Cemetery	Pr.Geo.	Co. Mar	yland
	FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGI	STRAR   24b. REG	ISTRAR'S SIGNATU	IRE
T	he S.H. Hines Co 2901 luth St N.	W. DATEAPR 24'	on an	Thur S. Krace	4
	Washington 9.D.C	DATE			

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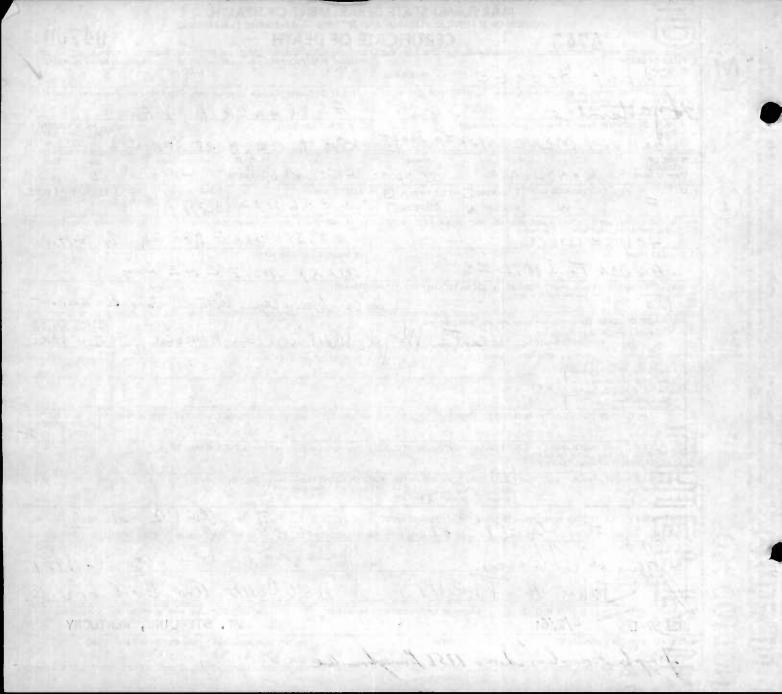
MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DIVISION OF STATE	SHICAL RESEARCH A	ALAD I	KECOKD.	O - DALIIN
743	The	CERTIFICA	JE	OF I	DEATH

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U	-dic	6	U	U

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY IN CE GEORGE MARYLAND	o. STATE b. COUNTY
1	b. CVTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Harland give neorest town 3 yrs:	ALEXANDRIA VA XXX
.	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
1	CARROLL MONOR 4922 LA SALLE	524 HERBERT SPRINGS YES NO 18
	3. NAME OF DECEASED (Type or print) CARULINE C. VAN	Last 4. DATE Month Day Year OF DEATH ARRIL 2 1961
	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		JUNE 26-1872 8 of yrs. Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
1	House wife -	MT, STERLING KENTUR U. S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	LANDONT, CHILES	MARY MITCHELL
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unknown) (If yes, give wor or dates of service)	FORMANT Address
	No -	ite Mary Copes Patricia Carroll monor
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Coute Mye	In wasti Lev Kemia onset and Death
	DUE TO	
	Conditions, if ony, which)	
	gove rise to immediate	
	Luine course lead	
9	(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	O TAN II. OTTEK SIGNIFICARY CONDITIONS CONTRIBUTION TO BEATT	PERFORMED?
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED	YES NO [A-
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Fort I or Fort II or Hem Io.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (Slote)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 of work of work	tory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from.	195/ to Ppil 2 196/, that (1) (we) lost
		eoth occurred at 10 M, from the causes and on the date stated above.
	220. SIGNATURE	22b DATE
1	John W. hours	A.D. PHYS. DIRECTOR DIRECTOR PHYS. D
	22g/PHYSICIAN'S	22d. ADDRESS
1	MAME (Type) JOHN W. I PENIS	1150 CONN. aud. Work, 6, D.C.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	
	REMOVAL (Specify) 4/2/61	MT. STERLING, KENTUCKY
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	south Sauley Lens 1756 Jenney	bruss lig DATE APR 4 61 Cilling S. Frank



FOR STATE HEALTH DEPT.

for your TO DEPUTY ME. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ding 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designajed agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. 0 VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission
Prince George's MARYLAND	o. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give nearest town) Cheverly D. O. A.	11
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Pince George's General Hospital	3804 Nicholson Street
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) Mary Anne	Vaughn DEATH April 9, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female   White   WIDOWED   DIVORCED	November 23, 1923   last birthdey)   Months Days   Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife Own Home	Maryland U. S. A.
	14, MOTHER'S MAIDEN NAME
Porter De Witt	Iula Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	lin Vaughn, same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROLARY HETE	Ry HROMBOSIS
4201 DUE TO 0	
Conditions, if any, which ) (DRAMARS HET	ERY ATHEROSCLEROSIS
gave rise to immediate cause	214 TITALE COLLEGE
(e), stating the underlying cause last.	
(c)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONT	PERFORMED? YES X NO
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED.	Enter neture of injury in Part I or Part II of ilem 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not While fee work 19 et work et work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	eld an Autopsy 📑 Inspection 😭 Inquiry 🔀 and in my opinion
death resulted from: Natural causes X, Accident T, Sui	ide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL OF THE COLUMN ASSETS	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATURE	M.D.
examiners James I. Boyd.	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY C	
Burial Specify April 12, 1961 Fort Lincoln	
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
	246. REC D BI REGISTRAR   240. REGISTRAR S SIGNATURE
F. Casch's Sons Hyattsville, Md.	

minutes in the said The legal Lagrant of Armolt achief dowlett? conform T 4857 TO THE MENT OF THE PARTY OF 01111-12-01-01 Our Bores of the Contract of Sin secol deficite also H. o la 1 . W. Giffy V. stein, gree and S. Control of the contro the course desired year of the Line of the contract of the course of the his fanening sons of dyatteyneling this

#### DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND 7 se pue b. CITY OR TOWN (if outside copporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Butside corporete limits, write RURAL and give neerest town) write RURAL and give nearest lowe! Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS completely papers. NAME OF 4. DATE Month DECEASED OF Typa or print) DEATH 9. AGE In yeers | IF UNDER I YEAR carbon 5. SEX 7. MARRIED NEVER MARRIED last Birthday) and Months WIDOWED DIVORCED 69 yrs. physician remove 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME please .= affending and Then (Yes, no, or unkown) | (If yes give wer or detes of service 18. CAUSE OF DEATH [Enter only one use per line for (e), (b), end (c). signed by DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION as 0 use 20e. ACCIDENT W (Enter nature of injury in Pert I or Part II of item 1B.) OR CONTRIBUTING IN CAUSE OF DEATH Por 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City Month, Dey, Yeer r town) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 19 p.m CIOR: hospital attended the deceased from ... to .... from the causes and on the date stated above. saw the deceased alive o ATTENDING STAFF DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 O FUNERAL PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, | 23b 23c. NAME OF CEMETERY OR FREMATORY 23d. LOCATION City, town or county) 0

24 EUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/60

e. IS RESIDENCE

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INTERVAL SETWEEN

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(County)

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250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE APR 11 '61

IF UNDER 24 HRS.

ON A FARM? YES NO

me tempet to know out much a series my till series Land howald Immundent MARLIES BOUTH APPENDED Some Commence of the state of

CERTIFICATE OF DEATH PLACE OF DEATH COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporete fimits, c. LENGTH OF STAY IN 16 within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address completely DECEASED (Type or print) 6. COLOR OR RACI MARRIED NEVER MARRIED and WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY physician done during most of working life, even if retired) House wa Own Home 13. FATHER'S NAME please aftending 15. WAS DECEASED EVEN IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17. INFORMANT removal, (Yas, no, or unkown) | (If yes give war or detes of service the 18. CAUSE OF DEATH [Enter only one ceuse per line for (a) (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) peubi DUE TO geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING certificate 98 0 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer While Not While at work et work attended the deceased from 21. I certify that (I) (this hospital), saw the deceased alive on., 22a. SIGNATURE ATTENDING PHYS. O HOSPITAL death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typs 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cedarville 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

#### W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO DEATH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 14. MOTHER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Pert II of item 18.) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ) 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) and that death occured at 2.4.M, from the causes end on the date stated above 22b. DATE SIGNED DIRECTOR PHYS. Md LOCATION (City, town or county) (State) Gospel Cedarville 250, 'REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE Ritchie Bros. Fun'l Home-Upper Marlboro,

Chaten Southern the Hospi Control of the 1844 SEX AND PRINCIPAL TRANSPORTED TO APPEAL Lebule thate the season of the season was a season with a season of the Hell stemmer and entire the first one was the first of the first one of th Comment of the Commen The Alle Lapin 1908 . Southern and House Centre 

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Prince George Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) D. O. A. for yo and 3 to the funeral dira delay is Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Floral Park Road e. IS RESIDENCE Dobson Clinic QNLA FARM? be retained th the State B YES NO T 3. NAME OF First Middle 4. DATE Month Day DECEASED with the (Type or print) Watson DEATH April Edward 19 Charles 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may age 5 may 1 and 2 wit 72 hours last birthday) Colored Male 1904 WIDOWED I 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) II.S. Gov't Maryland in pencil in Item 18. Give Pages 1, U.S.A. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick M. Watson Julia Dent 16. SOCIAL SECURITY NO. | 17. INFORMANT Georgie A. Wilson, Same as #2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give wer or detes of service) e along with il-transit permit 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (e) Office DUE TO Coronary Artery Disease (b) geve rise to immediate cause "pending" Examiner's 60 DUE TO (e), stating the underlying as cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? TO ficate, writing the word I to the Chief Medical Es 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) fectory, street, office bldg., etc.) 0 While Not While Hour e.m. ease execute the samilicate, w should be forwarded to the FUNERAL DIRECTOR: Pa et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection A Inquiry A and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 25, 1961 April DEPUTY DEPUTY MEDICAL EXAMINER A EXAMINER'S James I. Boyd, NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) is 0 40 6 24e. REC'D BY REGISTRAR I VS. A15ME 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 4749 USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges
c. CITY OR TOWN (If outside corporete limits, write RURAL and give recerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) 6201 Pontiac Street Riverdale, Maryland

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . 5 Pages 1 . IS RESIDENCE d. STREET ADDRESS filled ON A FARM? YES NO VE Eugene Leland Memorial College Park, completely 3. NAME OF Middle Year DECEASED DEATH (Type or print) April 19 67 Margaret Mahel Willard 9. AGE (In years | IF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED TYNEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) and WIDOWED T DIVORCED Female White 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician remove done during most of working life, even if retired) own home United States Houseiwfe Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending ph Then please r 5 Marie Haves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (If yes give war or dates of service) Mrs Roberta Hill College Park. Md. the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) geve rise to immediate ceuse DUE TO (e), steting the underlying certificate has ceuse last. the TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? 98 NO F 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert/II of item 18.) 20b. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (Counfy) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc. Not While While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from ... T. 22b. DATE 22e. SIGNATO ATTENDING SIGNED DIRECTOR PHYS PHYS. M.D. O HOSPITAL death. Page 4 director, page Se filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (Stafe) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 235. DATE THEREOF REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor, Md Burial May 1, 1961 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Clothun S. Krous Hyattsville, Md. 15M 9/60 F. Gasch's Sons DATE

MARYLAND STATE DEPARTMENT OF HEALTH

200 - 200 terrary someth te worklose equity Carried of Section 1979 and the the free tender at the country of th and the state of t ... Arr decid Lil college with CONTRACTOR TO STATE OF THE PARTY OF The state of the s The second secon THE STIEART STREET NOTE .t., discretis bons and attention, .t.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be rehained by tospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundamentary director, page 3 shauld be detached for use os the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed with the State Board at Health priar ta buriol, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

ORE 1, MARYLAND

ISION	OF	STATISTICAL	KESEAKCH	AND	RECOR	DS	-	BALII	M
		CEI	RTIFICA	ATE	OF	D	EA	HTA	

	4750 CERTIFICA	ATE OF DEATH	04737
1	CLACE OF DEATH  SOUNTY  COUNTY  COUNTY  MARYLAND  MARYLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL and	WCF GRO. give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 3 2 0 2 - RYAN DRIVE	d. STREET ADDRESS  3202 RYAN DRIVE  Lost 4. DATE Month	e. IS RESIDENCE ON A FARM? YES NO Day
S. S	Type or print) GERTRUDE MAY	B. DATE OF BIRTH  10 LY 8-1907  OF DEATH  9. AGE (In years left under lost birthyddy)  Months  yrs.	19 6/ R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
		14. MOTHER'S MAIDEN NAME DAISY P. ROBEY Address # Charles #. Wilson KE	VIG PARKLA
CATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	Control atrapey  UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	ONSET AND DEATH  Week  25 Clean  RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 20e. While Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)
2	21. 1 certify that (I) (this haspital) attended the deceased from	t death accurred at 2 M, from the causes and an the	e date stated above.  22b, DATE SIGNED
230		22d. ADDRESS  8200 MAR DOTO PIKE S.  OR CREMATORY 23d. LOCATION (City, town, or county)	E (Stole)
24.	SIMMONS BROS BURD S.	HOPE 250. REC'D BY REGISTRAR 256, REGISTRAR'S &	

STATE ROLLINGS CERTRUDE MAY UNITON TO PROPER S -left 1-1855 33+ 1140-Form E ILIVE E MERKARY CHARLAGIA CHRAKES A Wilson DAISY P ROBEY, PRINTER AND NO. ESTATION OF BE

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	47	51		CERTII	FICAT	E OF DEATH				047	8
1	PLACE OF DEATH	nce Geor	0.25	MAR	YLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla		ved. If institution b. COUNTY		before odmis	
1	b. CITY OR TOWN (If a RURAL ond give near	outside corporote limi	//	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	outside corporo	e limits, write RU			9
1	Camp Spring			1 DAY 23	HRS	Camp Sprin	ngs	19			
	d. NAME OF HOSPITAL	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
		SAF HOSPIT	AL, AN	IDREWS AFB		5213 Colonia	al Driv				NO X
3.	NAME OF DECEASED (Type or print)	JAMES	st	Middle		WILSON	4. DATE OF DEATH	APRIL		Day 15	Year 1961
S.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🕦 B	. DATE OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER 1 Y	-	_
	MALE	Cauc	WIDOWI	DIVORCE	D	22 Feb 1961		yrs.	Months 23	ys Hours	Min.
10	<ul> <li>USUAL OCCUPATION during most of working</li> </ul>	(Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZE	N OF WHAT	COUNTRY
	None			N/A		Maryland			Unit	ted Sta	ates
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	JAMES L. WI	LSON				ELIZABETI	H JACKS	ON			
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. <b>INI</b>	FORMANT	105.6	Addre	ess		-11-1-11
	No	N/A		N/A	JA	MES L. WILSON	V Sa	me as de	ceased		
	18. CAUSE OF DEATI	H [Enter only one co	use per li	ne for (o), (b), ond (c)	.] .					INTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive heart tailure									30	a)s
	422	DUE TO	0		,			1:4-			7
	Conditions, if any, which (b) Comparible hast disease Myocardelies										
	gove rise to immediate couse (a), stating the under-										
_	lying couse lost.	) (c	)								
CERTIFICATION			DITIONS C	CONTRIBUTING TO DE	ATH BUT 1	NOT RELATED TO THE TERMI	NAL DISEASE (	CONDITION GIVE	N IN PART 1	PERF	AUTOPSY ORMED?
1	200. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	UNDERLYING  CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter noture of injury in I	Port I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED  Not while  k  ot work	20e. PLA	CE OF INJURY (Home, farm ory, street, affice bldg., etc	20f. (City o	r town)	(Cou	inty)	(Stote)
	21. I certify that	(I) (this hospital	) attend	led the deceased	fram	14 April , 19	61 . ta	15 April	19.61	, that (I)	(me) last
	saw the decease					eath accurred at 2645				. ,	
	22o. SIGNATURE	Jehn 1	5/	nove		ATTENDING MI	ED.	STAFF PHYS.		2:	SIGNED 1961
	22c. PHYSICIAN'S NAME (Type)	JOHN A. N	IOORE,	MAJOR USAL	F MC	22d. ADDRESS USAF HOSPI'	TAL AND	REWS AFB			D.C.
23	BEMOVAL (Specify)	18 AFRIL	196	23c. NAME OF CEM		CREMATORY INATIONAL	Then.	N (City, town, or	, 11.	(Sto	ote)
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGISTRA	R4 2Sb. REGIST	TRAR'S SIGN	ATURE	9
1	timaldi Fu	word Hom	e duc.	816 H8	t. n.	& NEW DATE	MI II I O		hilling S.	/ I/Connes	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page among be retained by fraspital ar otherding physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the first page 3 should be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Prince Georges e. STATE MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town 18 days Washington after .5-Glenn Dale (rural) filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NO 1221 H. St. N. Glenn Dale Hospital completely papers. Middle DECEASED (Type or print) DEATH 61 Oscar Wilson 19 withi 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | carbon 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Deys WIDOWED & DIVORCED Male Negro physician 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? гетоме 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) S. C. IISA Laborer Unknown 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending and Wallace S. Wilson Elizabeth Green Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 'emoval, (Yes, no, or unkown) | (If yes give wer or dates of service) physician. No Unknown (lost) Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 months IMMEDIATE CAUSE (e) Pulmonary Actinomycosis the burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT, CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY GERFORMED? hospital as NO use 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) etached for this (IF EITHER, NOTIFY MEDICAL EXAMINER After þ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc. While Not While Hour a.m. et work et work TOR: 21. I certify that (I) (this hospital) attended the deceased from....3/20/ ....., 1961, that (I) (we) last saw the deceased alive on.... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. O HOSPITAL death, Page 4: 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss. M.D. Glenn Dale. Md. (Stete) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL (Specify) P P B 24 FUNERAL DIRECTOR'S SIGNATURE HOLL Brea. WADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 6 31 Fly Aug new DATE MPR 11 15M 9/60

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ARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY e. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b writa RURAL end giva nearest town) Ehours after Cheverly Hillcrest Heights filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince Georges General Hospital 26th Ave completely 3. NAME OF DATE DECEASED OF (Type or print) DEATH within Jacob April physician and con a remove carbon AGE (In Years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) Months Devs event, Male 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired Germany Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending Unknown /Ynknown Wilhelmina Oelfin Jacob 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. Olson-daughter/5502-/28th/Ave (Ys, no, or unkown) (If yes give we rordates of service the 2600 Fairlawn 18. CAUSE OF DEATH [Entar only one causa get line for (e), (b), and (c). signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if any, which certificate has been (b) geve rise to immediate cause DUE TO (e), steting the underlying burial. ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION SE 0 use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH for CTOR: After this detached 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work et work 1960 21. I certify that (1) (this hospital) attended the deceased from Jane to (2001) pluods 22e. SIGNATURE ATTENDING MED STAFF the 3 PHYS. DIRECTOR PHYS. death. Page 4 director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN'S St. Barnabas Rd. NAME (Type) Dr. C.L. Parker Temple Hills., Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county), 4-12-61 Washington, Congressional Cem

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

NO

(Stete)

22b. DATE

(State)

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur & Trava

DATE APR 1 3 '61

SIGNED

VR A15 (4) 15M 9/60

death certificate be executed within 24

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The state of the s The Control Court of the Court The state of the s Viichter VVEKECKE GEORGE SERVICE EN SERVICE DE L'ANDRE CONTROLLE SERVICE SERVIC res "avy 578-09-1045 Wilmer Olson-dayshter 5502- 28th Ave and bankurusi .s. 1650 Signatus March www.carchies congressional Com . .... I Wan Late South the State of the State of Comment of the State of the

1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 16 Was DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH pue WIDOWED X DIVORCED physician 1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) please attending WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. (Yes, no. or unkown) | (If yes give war or detes of service) the 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. certificate 50 20e. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Not While While Hour a.m. et work at work p.m. in attended the deceased from Antical ATTENDING PHYS. M.D. leath. Page 4 22d. ADDRESS PHYSICIAN 23m NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION; DATE THEREO! REMOVAL (Specify) MOSPECT 0 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY Columbia 0 c. CITY OR TOWN (If outside concerta limits, write RURAL end give nearest town) e. IS RESIDENCE ON A FARM? YES NO DATE OF DEATH 1961 AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Hours Months 12. CITIZEN OF WHAT COUNTRY? ANNapolis unsing Home Record ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? NO Z 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ) (Stete) 2Df. (City or town) (County) factory, street, office bldg., etc.) .196. and that death occured at 20 P.M. from the causes and on the date stated above. 22b. DATE SIGNED DIRECTOR PHYS. 23d. LOCATION (City, town or county) (State) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur & Krous

RYLAND STATE DEPARTMENT OF HEALTH

STATE OF THE STATE Frince Douglas of the many as the water Rasale Adalphi Smithsonics Wash & Co. The state of the s John Theologe Withhit Rotal 31 61 Mala Male Mark Service de Carte Salah Policeman I was to tole Horacolo Mile In a wife Peter Witterat Farbana Baryth No was Horse I family Homa Records Che to the man the thing with the state of the contract 4 x5 61 Hosmer Hill Gensminered 66 Themsely Thenton 3.51. De and Will with the

FOR STATE HEALTH DEPT TO DEPUTY MED.

I. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pressary, please execute tha carrificate, writing the word "pending" in pancil in Item 18. Give Pages 1, 2, and 3 to the funeral dire.

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any perm within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4755 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF BEATH    2. U	SUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. COUNTRY	STATE O b. COUNTY
1	MARIANO	CITY OF TOWN III - TO THE PEOPLE OF
1	write RURAL and give neerest town	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1_	Authord 6 years	Deulland
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheet eddress)	STREET ADDRESS  O. IS RESIDENCE ON A FARM?
	5633- Shodysell are	S 6 3 3 - A NO IN
	3. NAME OF First Middle	Lasi 4. DATE Month Dey Year
	(Type or print) Carl Cusane Wa	LEOUT DEATH april 6 1961
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER-MARRIED 8. DATE	Last that do a
7	male what widowed DIVORCED When	26, 1927 35 pirthdey Months Deys Hours Min.
	10e. USUAL OCCUPATION (Giva kind of work dope, during most working tite, aven if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
(	Controller Cochecat L	District Colombia Wid . Co
13.		NOTHER'S MAIDEN NAME
	Carl Horney Walantt &	Exilar
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFOR	MANT Addrass
(Ye	(Yes, no, or unkown) (Ifyes give war or dates of service) 5 78-14-8539	Day 111000th 2 + 2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	je and shock
	DUE TO	
	Conditions, if eny, which (b)	1 Wound of chart
	geve rise to immediate cause (a), stating the underlying DUE TO	
	ceusa last. (c)	
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	
TY		PERFORMED? YES NO P
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter hal	rura of Injury in Part I or Part II of jem 18.)
		rosent Chert with 22 Colober
CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF	INJURY (Home farm, 20f. (City or town) (County)
WEDI	Hour a.m. How While Not While at work at work at work	nel, office bldg., elc.)
	21. I certify that I took charge of the remains described above, held an	Autopsy Inspection Inquiry I and in my opinion
	death resulted from: Natural causes , Accident , Suicide F	
	Talana Casasa Ly Academ Ly Sullings P	CHIEF MEDICAL EXAMINER
	ACTUAL	
	SIGNATURE M.C	
	EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER 1
220	1228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREM	Addrass (Streat, city, town, or county)  ATORY 22d, LOCATION (City, town, or country) (State)
-20	REMOVAL (Specify)	T 1 0 1 T
- 00	Bund april 1-6/ arlingfor her	way wringer, resigna
23.	23. FUNERAL DIRECTOR ( ADDRESS ( V )	24a. REC'D BY REGISTRAR Ab. REGISTRAR'S SIGNATURE
1	Simmond soon 1601-gg fope of	DATE APR 10'61 arthur S. Kraus

MEANT STATEMENT STREET, STREET THE RESERVE OF THE PARTY OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before edmission) a. COUNTY Page our files. b. COUNTY e. STATE MARYLAND Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) for your d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) Baltimore Board Dead on arrival and 3 to the funeral dir d. STREET ADDRESS Prince George's General Hospital NAME OF DECEASED OF 2 with the (Type or print) DEATH William Dewey Womack 9. AGE (In Years | IF UNDER 1 YEAR | IF L 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) WIDOWED DIVORCED [ Colored March 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Office along with form PM3. Page burial-transit permit. File pages 1 and dona during most of working life, even if retired) pages 1 Bus Driver Transit Virginia
14. MOTHER'S MAIDEN NAME William D. Tomack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Evelyn Womack Addrass (Yas, no, or unkown) | (Ifyasgivawarordatasofservica) WW 11 Mrs Bessie Oomack. same 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), .5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Comminuted fractures of both legt and thighs DUE TO Conditions, if any, which Crushed chest (b) gava rise to immadiate causa DUE TO (a), stating the underlying Medical Examiner causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho was in an head on 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year Not While Muirkirk at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x, Inquiry T, Undetermined manner death resulted from: Accident . Suicide . Homicide . Natural causes CHIEF MEDICAL EXAMINER ACTUAL DEPUTY ME ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) BOYD Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, DATE THEREOF 22d. LOCATION (City, town, or country) Buil world 40 9 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

ERFORMED? NO X

and in my opinion

DATE SIGNED

28th, 1961

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Amiliate This was a second could be in a creation for the contests to the mid-Friends for the Care of the Company of the Care of the is A the second of the second Months of the second of the se the same of the sa tion row and the property of the world at the first war and Nes ... We in the season and the season of t AND SET LESS AS IN COMMAND TO MAKE SOME SOME DE MANDE nelse soci AD COUNTRY STANDARD OF THE TOTAL COUNTRY OF THE TEXT O race, madeline was some of the state of the st The Colon Control of the Colon of the Colon

# FOR STATE HEALTH DEPT Health, Page, TO DEPUTY MED. I. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is no please execute the carfificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boal or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. A15ME 5M 7/S9

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-	Item 9 film G285 4/24/61 iwk 04744
•	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
-		a. STATE COUNTY OF GOODEN
	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	76	write RURAY and give nearest town)
	177	Scuttonal Lyeon & Scutton
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS
	1.00	7 29 March i Day 229 Wardend Con VEET NOTE
	2	The management of the second
		(Type or print) John Syrester year glange DEATH Cepul 19 19 61
	5	SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH / 15 19. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
٦	C	10 a 10 Months Devs Hours Min.
		WIDOWED DIVORCED NEE 30, 709 PHOLYS.
		. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	00.	The t
	13.	FATHER'S NAME
1		Unknow
		united
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	(Yes	sino, or unkown) (lifyesgive war or dates of service) - 78-09-3125 Grance Hebert
	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
		ONICCT AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLLEGEDY  ONSET AND DEATH
ō		4201 DUETO 0
		(10) 1000 1000 1000 1000 1000 1000 1000
		gave rise to immediate cause (b)
		(e), stating the underlying DUE TO
		cause last. (c)
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY
	CATION	PERFORMED?
1	5	YES NO
	CERTIFI	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port 1 or Part II of Item 18.) PRIMARY   or CONTRIBUTING
	8	CAUSE OF DEATH.
	7	20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20a. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	MEDIC/	Hour a.m. While Not While factory, street, office bldg., etc.]
	N.	p.m. 19 ef work at work
		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry and in my opinion
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
1	-	
		CHIEF MEDICAL EXAMINER
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
		DEPLITY MEDICAL EXAMINED TO
		EXAMINER'S NAME (Type)  Address (Streat, city, town, or county)
-	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country). (State)
	V	CAMOUNT (Specify)
	LS	miel 7-21-61 alinglow lett of myer, Va
	23.	INTERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	1	A. Walting ly (2)- 1176 87 8.5. Wuch are APR 20'61 Courting S. Kraus
	1	1. 17. 11 Kullingly 131-11 Ca. St. D. C. Warm DATE

TO HELD TO CAN THE DAY OF HELD PROPERTY OF THE STREET OF THE CAN DESIGNATE AND THE PARTY OF THE PARTY. 是我们的美国的"**是我们是是我们,我们**是我们的"我们"。 THE THE PERSON OF THE PERSON O AND THE PARTY OF T

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

475	.8					14745
1. PLACE OF DEATH			CTATE	CE (Where decessed lived,	If Institution: Residence	before admission)
Prince Gto	rxES	MARYLAND	Mar	yland	Prince 6	Earges
b. CITY OR TOWN (if outside corpore	ete Itinits,   c.	LENGTH OF STAY IN 18	c. CITY OR TOWN	If outside corporete limits, w	rite RURAL and give n	eerest town)
write RURAL end give neerest toy		ldays	V Ciqua	540		
d. NAME OF HOSPITAL OR INSTITU	TION (if not in hospital,	give street eddress)	STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Southern maryland		Center				YES X NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Mo	* 1	Yeer
	valter	.5.	young	DEATH OP	ril 13	1961
5. SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yes	1	IF UNDER 24 HRS.
male   White			7Eb. 9, 1880	lest birthday S 1 yrs.	Monnis Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of done during most of working life, even in	of work   10b. KIND	OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (Cou	., & State, or foreign count	y) 12. CITIZEN OF	WHAT COUNTRY?
Farmer		rmins	aguasco	maryland	4.5	.A.
13. FATHER'S NAME		0	14. MOTHER'S MAIDEN	NAME		
Joseph Ha	ENTY YO	DUNG	MArgare	t Virginia	Gibbo	US
15. WAS DECEASED EVER IN U.S. ARMI		IAL SECURITY NO. 17.	INFORMANT	Addr		
(Its., III), O'O'O'O'O'O'O'O'O'O'O'O'O'O'O'O'O'O'O'	1000	36-6591 0	Charles w y	loung aq	uasco, m	d.
18. CAUSE OF DEATH [Enter or			71			RVAL BETWEEN
PART I. DEATH WAS CAUSED		toosing	, Alexa	mbron -	ONS	SET AND DEATH
IMMEDIATE CAL	. /	Sound	ry o		*	3 1
1/20.10	UE TO		100	210	10 -	3 day
Conditions, if eny, which	(b) C	andieva	sculents	un Mis	Kline	,, 0
geve rise to immediate cause (e), stating the underlying	OUE TO		- 0			4-cho
couse lest.	(c)	aller	es Clev	ulo glue	religed	1
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19	WAS AUTOPSY
PART II. OTHER SIGNIFICANT (  V  20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTICE) MEDICAL EXAM	71	10 0001 1	3		Y	PERFORMED?
200. ACCIDENT WAS UNDERLYING	3 D   20b. DESCRIB	E HOW INJURY OCCUR	ED. (Enter nature of injury in	Pert I or Pert II of item 18.)		
OR CONTRIBUTING CAUSE OF D	DEATH	*.				
			cc oc bulley at	1 000 100	16 11	101.1.1
20c. TIME OF INJURY Month, D	Dey, Yeer 20d. INJU While		LACE OF INJURY (Home, far actory, street, office bldg., etc		(County)	(Stete)
p.m.		et work			40	
21. I certify that (I) (this	hospital) attended	the deceased from	hely	1956 to CAM	13, 196 / 1h	at (I) (we) las
saw the deceased alive on.	101 010	/ /	// /	T.M. from the cause	s and on the da	
22e. SIGNATURE	11 . 4	1.	ATTENDING	MED. STAFF	STATE OF STREET	22b. DATE SIGNED
l cu	filad	dapin	M.U.	DIRECTOR PHYS.		
22c. PHYSICIAN'S NAME (Type)	CP 1-0 R	LADIN.	MD 22d. ADDRESS	Pendon, Y	nd	
23e, BURIAL, CREMATION, 23b. DAT	TE THEREOF 123	. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City,	town or county)	(Stete)
REMOVAL (Specify)	15-11	St Ma	×1/5	1	- m1	
DUVIAL 17-1	2 6/	30 /110	100 00	HTGV250	REGISTRAR'S SIGNAT	LIDE
24 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	ZSe. RE	APR 18 61	arthur 8. H	
INE HUNCE PU	MEN A ITOM	WALDORI	= Md . DATE		2. 10	rails

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